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Statement in Opposition to SB 341
Senate Committee on Public Health and Welfare
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Good afternoon Madame Chair and members of the committee. Thank you for the opportunity to speak to you today.

I am Dr. Donna E. Sweet – an HIV specialist credentialed by the American Academy of HIV Medicine. I have practiced medicine in Kansas for 34 years and take care of more than 1200 HIV infected individuals currently. The therapy for HIV infection is nearly a miracle. If patients are found early enough and treated appropriately, according to guidelines, then life span is not significantly less than that of age matched controls.

Therapy is guided by the Department of Health and Human Services evidence based guidelines national developed by HIV experts. Which drugs patients are placed on depends on their treatment history and viral resistance, concurrent diseases and medications, the patient's immune status (CD4 count), the viral load (HIV-RNA) and the toxicity (side effects) of the drugs (which differ in individual patients.)

Step therapy is not possible with HIV and could significantly harm patients, including leading to premature death. I ask that you leave the prescribing of these lifesaving medications to providers, not to legislators and insurance companies.

The second issue is that of denying life-saving Hepatitis C medications to patients due to their "life style choices". This concept is extremely problematic and could lead to restrictions of care to a much broader group of patients. Are we going to not pay for lung cancer treatment in smokers/previous smokers? That is definitely a life style issue.

Currently, guidelines call for universal screening for Hepatitis C in baby-boomers, those born between 1945–1965, because the majority of the Hepatitis C infected patients in this country are in that birth cohort. Life-style issues may have been an issue for them 20 years ago, but not now. As providers, we generally restrict use of Hepatitis C antivirals to those with 6 months of sobriety from alcohol and illicit drugs. Further restrictions of their ability to get lifesaving care (cure in >92% of patients with 3 months of anti-Hepatitis C drugs) is wrong.

The poor of Kansas need care and they need quality care. Please do not restrict our ability as providers to do the best for these patients and give them the same care you would expect for your family. Second class, inferior care for HIV and Hepatitis C infected patients will lead to increased loss of life and increased disease progression in the patients given inferior care. In the case of HIV, where we know treatment is prevention and an undetectable viral load is protective for the contacts of that patient inferior care will lead to increased spread of the disease.

Thank you.