Madam Chair and Committee Members,

Thank you for the opportunity to provide testimony today in support of SB 341.

I am a practicing physician and Chief Medical Officer at a Federally Qualified Health Center in Kansas. I routinely take care of insured and uninsured patients, many of whom struggle to afford their basic needs, let alone their prescription medications. Judicious prescribing is critical to these patients, because many of them will not adhere to medication regimens they cannot afford.

Many of the conditions I see in the office can be treated with inexpensive, generic medications while adhering to national treatment guidelines and practicing evidence based medicine. For example, a patient with hyperlipidemia (i.e. high cholesterol) can be treated with atorvastatin (generic Lipitor) instead of Vytorin (brand ezetimbie/simvastatin). A patient with hypertension (i.e. high blood pressure) can be treated with lisinopril (a generic ACE inhibitor) instead of Micardis (telmisartan). These are just a few examples of what I encounter every day in the office.

We have been following the step therapy model for years in the community health realm without necessarily naming the process. Our goal is to provide quality, affordable healthcare for patients regardless of their insurance status. Optimizing generic medications is an important aspect of that treatment philosophy. And adding continuity of care provisions to step therapy policies can help make sure patients get what they need. This ensures that patients who are already doing well on their medications are not required to change. Use of generic medications or medications with more safety and outcomes data, before "stepping up" to more expensive, newer medications makes sense and is a reasonable and responsible way to practice medicine.

Sincerely,

Julie Elder, DO, CMO