

HB2652
02-14-22
Nick Reinecker
Opponent

House Judiciary
Chair. Rep. Fred Patton

Mr. Chairman and committee

I am an opponent to this bill for the following reasons.

The response to Sars-Cov-2 has brought several societal issues to the front of politics. The government, however, cannot fix the crisis of the family, nor replace the needed dependence on God. Like a well-laid plan, it seems we are being exploited due to our lack of faith, family, and freedom, and have become addicted (dependent with consequences) to that process that grows government and continues to fleece taxpayers in the form of Medicare and Medicaid reimbursements, including behavior management that is outside the criminal arena, and “medication assisted treatment”.

According to McKinsey and Company (Reference 1), psychiatry and Substance Use Disorder treatment dominated telehealth services in 2021. This is reflected in Singlecare’s medically reviewed report Reference2) listing the top 50 prescriptions filled in 2021.

These include:

Amphetamine/dextroamphetamine (Adderall, Adderall XR)

Alprazolam (Xanax)

Clonazepam (Klonopin)

Zolpidem (Ambien)

Sertraline (Zoloft)

Lorazepam (Ativan)

Escitalopram (Lexapro)

Diazepam (Valium)

Other disadvantages to telehealth include a potential loss of connection with the provider, technology issues and access, privacy concerns, and risk of error or misdiagnosis.

The government is no replacement for faith, family and freedom, yet it has and will continue to fill vacuums when created by citizen complacency, apathy, and abandonment. There are also the issues of “temporary” emergency licenses and finally, concerns about liability and immunity language in this bill.

Thank you,

Nick Reinecker

1. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>
2. <https://www.singlecare.com/blog/most-prescribed-drugs-2021/>