

March 19, 2018

To: Chairwoman Erin Davis and Members of the Children and Seniors Committee

From: Jessica Lucas

RE: HB 2704 – verbal proponent

Dear Committee,

I stand in strong favor of HB 2704 and am pleased to see this issue being addressed by this body. My grandmother was prescribed these antipsychotic drugs several times during the last year of her life.

They changed her.

I present today to bring a personal perspective. So often we hear all of the industry reasons to be for or against something, and not often enough, do we hear the human side.

I'm not here to dispute that these drugs play a role in the treatment of the elderly. I understand they do and I know there are times they're needed. But not only should written informed consent before administering be required, we should also use this time to have a conversation about how we treat patients with dementia in helping to handle their outbursts, anger, and confusion.

The Kansas City Star published an excellent story on this topic and spoke of how we have improved treatment from the days of restraints to now using powerful medications to settle, or calm, an individual. But as we learn more about these drugs, it's incumbent on us to consider that the pills we're using today may be less visually offensive, but just as concerning as the days of restraints.

It's because of page 2, line 22 and 23 that I'm in strong favor of this bill. While my family knew that grandma was being treated with antipsychotic medications, we had no understanding there might be alternatives to treatment. In moments of her serious confusion and outbursts, we didn't know there might be other ways to help her. Instead, we were told she had to have these dangerous drugs.

While she would physically stay with us for months, in many ways, we lost a major piece of time with her to this chemically altered state. Perhaps not surprisingly, based on what we know these drugs can do, she fell while being on them and would later succumb to pneumonia.

It's really hard to know that these drugs may have played a role in her decline.

I know there are challenges to treating the elderly, especially given limited resources. But we must.

There are people lined up to testify after me who will tell you why components of this bill aren't appropriate. I hope you'll consider that while it was my grandma yesterday being prescribed these pills with no other options presented, it could be your loved one, or you, tomorrow.

This is a great first step in a much broader conversation we need to have about how we treat our elderly in the struggling moments of their end years. I urge your support for HB 2704.