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TESTIMONY - STATE BIOSIMILAR SUBSTITUTION

Montana House of Representatives

House Business and Labor Committee Consideration of HB-233

Speaker:

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Global Healthy Living Foundation

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Disclosure: I have no disclosures to make regarding my travel here today. The Global Healthy Living Foundation accepts grants and charitable contributions from pharmaceutical companies, government, private foundations and individuals. We have received scientific briefings from pharmaceutical companies, as well as from our independent medical advisory board.

Good Morning. My name is Libbie Chute and for the past 15 years I have been a professor at Carroll College, here in Helena, until I retired a year ago due to health problems. I live here in Helena with my husband of 25 years. I am now adjuncting at Carroll and have served on the Board of Directors of Montana Independent Living Project for the past 10 years.

I was diagnosed with Ankylosing spondylitis in 1981, when I was 28 years old. AS is a painful autoimmune disease that usually starts by attacking the SI joints and then moves up the spine, causing a curvature referred to as kyphosis. It can also affect any organ including the eyes, and also the arteries in any organ. At that time I could barely walk, was married, and had two toddlers I was responsible for. Not walking and toddlers are two things that do not go together very well, and I had trouble meeting anyone’s needs. When diagnosed I learned physical therapy and took Non-steroidal anti-inflammatory drugs and some steroids until my joints loosened up some, but my condition continued to decline. I had a flare that put me in traction in the hospital for 3 weeks and I was on crutches for a year. That was more than my then husband could take, so I ended up a single mother with a disability with two young children.

It took me 2 years to get back on my feet and 2 years after that I graduated from college and was accepted into a PhD program at SUNY Stony Brook in sociology.

I spent the next 20 years in a constant struggle between the NSAIDS, physical therapy, work, and family. I was in a constant balancing act between meeting the needs of others and those of myself, because if I overdid it I wouldn’t be able to do anything else. Over the years steroid therapy was added in again, problematic because they take calcium out of one’s bones.



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Around 2006 Dr. Coyle, my rheumatologist had a new tool against my disease, a new biological medication, Remicade. It was expensive, they all are, which is why biosimilars are so enticing – they have the potential to reduce costs for patients like me. It took some planning on my husband and my part, but I tried the biologic. Biological medications are different because rather than treating symptoms they work to stop the progression of the disease. Remicade was incredible. A lot of my back spasms and pain went away, and I wasn't as fatigued. However, within a couple of years I developed antibodies to it and started to get a rash all over my body. Then I tried Humira. This was a shot I gave myself once a week rather than having it in an infusion center, so it gave me more time. About this time my younger son, also about 28, was diagnosed with AS, it's hereditary, and was put on Humira from the get go. With Humira I took on extra responsibilities at work, was able to increase my level of physical activity, and actually develop a hobby. But after 7 or so years, it stopped working; once again I had developed antibodies against the medication. My fatigue and pain came back leaving me nearly an invalid. At first I gave up everything but work, even cut back on family time. But I couldn't continue, this was when I decided I could not longer work.

After I stopped working I tried Cimzia, another biologic. I developed pneumonia, which led me into a serious flare, and the medication didn't work well enough to get me back on my feet. I have recently started another, newer one, which appears to be working and my physical condition is improving, though it will take me a while longer, but still not the two years it took 35 years ago. If I can get back to full health, I may look around for another job.

Biological medications are the future, they have the potential to give people their lives back. But as you can see from my example, the patients that take them often have several diseases or conditions and have extremely sensitive immune systems with very unique reactions.

Without laws in place to require communication to occur between my pharmacist, physician, and me, my medication could be substituted without my entire treatment team knowing. This would be a major threat to my health and the relationship with my physician. As a patient who has experienced first-hand the differences between these biologic medicines, mandatory communication between my treatment team could mean the difference between my being able to care for my family and being hospitalized. Could you imagine having a medication that you thoughtfully and purposefully chose changed without your knowing? Without your physician knowing?

At its core, HB 233 boils down to two words: Trust and transparency. The patient-physician relationship and positive health outcomes do not exist without them.





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GHLF and I urge the members of this Committee to pass HB 233. I appreciate your thoughtful consideration of my remarks and I would be pleased to provide any further information that you may require. Thank you for your time and attention.

