Tuesday, February 28, 2023

To The Distinguished Members of the General Assembly.

I would like to initiate this with an apology for the apparent hastiness of my testimony.
I had hoped to have more time to elaborate upon several points associated with the recurrent difficulties associated with efforts to provide the most up-to-date therapies for a population that remains in dire need of such, but today's schedule allows but this brief time.

I have dedicated the past 20 years providing care for the most vulnerable and affected psychiatric populations in New York City and, during the past 8 years, in Baltimore City. My patients consist of the most marginalized populations, particularly those with chronic psychotic disorders and complex mood syndromes. The majority of such are deeply disabled and require significant assistance to prevent recurrent episodes of hospitalizations, poverty and homelessness.

During the past decades we have seen some of the most desired advances in psychopharmacology. I have seen the progression of this science from the primary use of Thorazine to the inception of clozapine that resulted in almost miraculous results in State Hospital populations.

Such progress has seen further advances with the creation of long-acting anti-psychotic therapies and, nowadays, third generation antipsychotics with almost incredible and increasingly tolerable side effect profiles.

These advances have come at a cost. Yes, they are expensive. Acknowledged, but when confronted with a young patient who is struggling with his/her/they first bout of psychotic symptoms and all I can offer is some inexpensive first-generation antipsychotic which they will need to take for the rest of their lives. I struggle too frequently with this idea because the moment when I have to explain to someone that, considering the lifelong commitment needed to avoid wasting this young person's next 10 years in bouts of psychotic symptoms and ongoing risks of declining cognitive function I could initiate therapies that would be effective, increasingly more tolerable and, likely, improve the odds of this person to achieve a productive, fruitful and, hopefully, happy life ahead……

Instead, I find myself having to submit to a 'Protocol' that requires 'failure' of, now 'Primitive' therapies, before I can attain what should have been available in the first place.

I will never understand the need to save money. The odds are that this young person is likely to relapse frequently on less expensive options, mostly associated with poor side effect profiles and, thus, poor adherence. The cost? Likely quite high. During my tenure at a hospital in The Bronx, New York I noted increasing patterns of recidivism costing millions in resources. Here in Baltimore, practicing community psychiatry, I am seeing it once again.

Dear Members of the Assembly, I have dedicated most of my life to these people, and the joy I derive when, if at least a handful of them, and after much struggle advocating with insurance agencies on their behalf to access medications that make true and lasting differences in outcomes makes any difference at all, then I go on.

Thank you for your time.

Sincerely yours,
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