January 27, 2020

Ohio House of Representatives

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My name is Sandy Anderson. I am a family nurse practitioner in Dayton, Ohio. I own a family practice with my twin sister Cindy. I have been a nurse practitioner for over fifteen years. I love being a nurse practitioner. It is truly rewarding being in service to those that God lets me care for daily. I spent many years working as a contractor with the State of Ohio in The Ohio Department of Rehabilitation and Corrections as a registered nurse and then as a family nurse practitioner. I did not realize what a cake walk prison was compared to private practice. I went in- waited for the gates to open- saw my patients- waited for the gates to open and went home

Practice in the private sector is truly a nightmare of bureaucracy of checking boxes and constantly being told by those who have not seen my patients what is in their best interest.

A few of those recommendations include

1. Suggestion that we place a 550 pound diabetic on medication with a side effect of weight gain.
2. Stop a man’s potassium and place him on allopurinol (the two are no way the same).
3. Short acting insulin not on the plan’s benefit at all. Technically insulin is over the counter. Type 1 diabetics are dependent on insulin for life. Branded insulins are about $400 a vial.

This is actually an exciting time in healthcare. We now have diabetes medications that does not just bring down blood sugars but can reduce morbidity and mortality. We also have testing to tell us which medications a patient will do the best based on his/her genomes.

Two of the largest insurers in the United States Anthem and Aetna own pharmacy benefit companies (Ingeniorx and Caremark respectively). The incentive is profit for them. However the old way of thinking of place the patient on the cheapest medication is archaic.

1. The patient probably has already has been on it. The patient should not have to fail it again because they switch insurances or the insurer got a better deal on something else.
2. A diabetic whose blood sugars is 40 or 600 can be just as dangerous as someone who is intoxicated.

Once stable on a medical regime it could save a lot money if providers did not have to start all over every January with a new formulary of medication for the same patients. I am asking as our legislators please remind the insurers that the patients are actually the consumer. Their health does matter.I appreciate the efforts that are now being done to address the issues.

Thank you

Sandy Anderson FNPl