

Support of HB 2487

My name is Maureen Knell. My place of residence is in Overland Park, KS. I am a Doctor of Pharmacy, practicing pharmacist and clinical professor of pharmacy. I have held my current position at a university school of pharmacy for over 25 years. As part of my academic appointment, I practice patient-care collaboratively with physicians and healthcare professional students at a medical education teaching clinic in the areas of internal medicine and chronic pain.

I am filling in today for Dr. Mitzi Groves who had hoped to testify to this Committee, but the timing was such that she is out of the country this week. Dr. Groves testified in January to the Committee on Corrections and Juvenile Justice. Because it meant so much to her to be here today, I am here to read her testimony and I will add a few additional comments of my own at the end.

Testimony from Dr. Mitzi Groves for the Kansas Senate Committee on Judiciary:

My name is Mitzi Groves, I live in Stilwell KS. I have been (and am currently) a family practice doctor in Overland Park for the last 18 years, but more importantly, I am a mom of 3 boys, ages 20, 13 and 10. I am here today to share our family's ongoing trauma and to encourage you to vote in favor of HB 2487.

My oldest son, Grayson, attended a rigorous academic high school, graduating with a 3.5. He was a starter on his school's varsity basketball team and they competed in the state final 4. He worked full time in the summers after turning 16. He went to college last year and held a 3.7GPA. He was always well liked and never got into trouble. You can imagine our surprise when in April 2023, after suffering a seizure we couldn't find a cause for, his roommate called to tell us, Grayson had a drug problem. We immediately went and picked him up from college. We put him in a 30d drug detox and rehab center. After the 30days, he started an intensive outpatient program. We thought he was doing well. On the evening of July 3rd 2023 my husband on his way to bed, heard odd noises from Grayson's room. He woke me up and we found Grayson unresponsive. He was dying before our eyes. We called 911. I administered Narcan and sternal rubs. The ambulance and police arrived. Grayson gained consciousness within a few minutes of their arrival. Our family was one of the lucky ones. Thank you to DCCCA and your funding of this program to provide free Narcan, we are one of the families you saved.

That night as Grayson was being taken to the hospital in the ambulance, the police told us they would be issuing a warrant for Grayson's arrest due to drug possession. They said it typically takes about 6months, but they wanted us to be aware. We were too traumatized at that moment by his near-death experience to ask any questions. We admitted Grayson to an inpatient drug rehab program for the rest of the summer. The medical bills were mounting up, but when your child is ill, you make sacrifices.

During these months, we (the parents) were doing everything within our power to learn more about drug addiction so that we could best support our son. We were attending parent meetings for substance abuse. We were reading books on addiction. We were talking to drug addiction counselors. I have a medical degree, but very little education related to drug addiction. Nothing encourages knowledge like personal experience. I learned addiction is a disease. It doesn't discriminate. For all of mankind, and throughout history, humans have taken diseases we don't understand and assumed they are results of moral failing. In my 18 years practicing medicine, I

have seen depression go from the stigma of “just get over it and pull yourself up” to recognizing it is a brain imbalance that improves with medical intervention. I hope, I will also see the stigma and misunderstanding of addiction change in my lifetime as well.

A few weeks ago, 3 police cars and 6 police officers arrived at our front door. They handcuffed my son and took him to jail. They booked him, charged him with a class 5 felony for drug possession and set bond at \$2500. We posted bond for him, but then found out we were listed as no contact until the court case was settled. We are part of his support system in recovery, we are his home. Both are important elements of recovery. He missed work that day, unable to call and let them know he wouldn't be in. He is enrolled in online college courses this semester. Now, because we called 911 for lifesaving help, he may become a felon. While Grayson and our family understand that actions have consequences, the ramifications of his being arrested are widespread and long-lasting and do nothing to encourage sobriety. During these months, Grayson has made the decisions to attend daily recovery groups, he has worked the 12 step program and he has continued to contribute to society in positive ways, all parts of successful sobriety.

We have hired a lawyer, another great expense. We will find a way to pay the bills, but we are a privileged minority. The majority of Kansas residents would be buried in a lifetime of medical and legal debt. One more stressor on top of the many stressors addiction brings.

What we are learning is that in the fight with addiction, there is an ongoing battle. It is a rare person indeed that doesn't have ups and downs in controlling and battling their diabetes, blood pressure, depression or weight loss. Heaven forbid, my son should use again, but if he does and gets another “bad batch/drug laced with fentanyl” do we call 911 again, knowing it would be a second felony carrying significant jail time? This decision is an absolutely horrific position to put people in when they are having a medical emergency. The consequences of all of our actions will have to be faced. However, I'm asking that the medical help needed to save a life doesn't have to be weighed against legal consequences in those few critical seconds needed to make a lifesaving decision to call for medical help.

Kansas is behind, we are one of two states that continues to prosecute drug overdoses. This adds tragedy on top of tragedy.

It is my faith that has carried me through these days. I don't believe I am here today, testifying before you, by accident. I hope that by sharing my family's story, I can share knowledge and a deeper understanding of addiction. For it is by a deeper understanding we can offer a deeper compassion. Addiction isn't a moral failure, it a combination of genetics, behavioral and environmental factors. We have responsibilities for treating addiction just like any other medical or mental health issue. The US dept of Health and Human Services 2021 report cited 16.5% of the population age 12 and over has a substance abuse disorder, that is 46.3 million people. 1 in 3 adults age 18-26 have used an illegal substance. Of those, 94% have not received treatment. I ask you as a physician and more importantly a mother, please pass HB 2487 to take away the legal burden of overdoses and allow for medical involvement in both life-saving treatment and hopefully, recovery from addiction.

Thank you for allowing me to read Dr. Groves' testimony. In addition, I would like to express my support for this bill.

Just two days ago, I was in the classroom teaching pharmacy students about the importance of opioid risk mitigation strategies. This included educating them on life-saving steps for using naloxone (brand name Narcan), such as recognizing signs and

symptoms of an opioid overdose, and the steps to administer and monitor the person experiencing an overdose. The educational goals for these soon-to-be pharmacists are to train and equip them to: (1) recognize overdose symptoms and administer naloxone if indicated in their practice or in the community; (2) recommend naloxone administration to healthcare providers or community members in appropriate situations for at-risk or in-need individuals; and (3) provide education to healthcare providers and community members on how to properly use naloxone.

One statistic I shared with the class is from the Centers for Disease Control, which reports that nearly 40% of opioid and stimulant overdose deaths occur while a bystander is present. I suspect that percentage may be even higher in Kansas. Increasing the availability of naloxone in the community and educating the community about using life-saving naloxone is extremely important and a role that I, and I hope my students, embrace. However, even as we make naloxone more accessible with its over-the-counter status, free distribution programs and/or low or no-cost insurance copays, and as we endeavor to increase community education on the importance of recognizing overdose symptoms, calling 911, and administering naloxone, all of our efforts are lost at that critical moment of a life or death overdose situation, if the person who identifies a need for medical services for themselves or a bystander who recognizes the need to help another is hesitant to take action for fear of felony charges. Removing any barriers, most importantly, saves lives, but it also provides hope for those involved, in not only providing immediate medical treatment, but also in providing a link to the opportunity for substance use disorder treatment programs and potential additional resources for support.

In addition to us both working in the healthcare profession, I share other similarities with Dr. Groves in that, above my profession, the most important priorities in my life are my faith and my family. I am a wife, married to my husband for over 30 years and we have two young adult children (a son, age 22 and daughter, age 20). Also. Like Dr. Groves, my husband and I have journeyed over the last year to support our daughter in her addiction recovery and what is now over a year of sobriety. We have also journeyed with the other young adults and their families in her long-term sobriety program, seeing both amazing stories of recovery and agonizing and heartbreaking setbacks. One thing I've learned from this personal experience of supporting those in recovery is that everyone's journey is different, and that recovery and sobriety are not a linear process. Many successful former addicts had setbacks and needed repeated opportunities to seek help and support to change their lives for the positive.

There is no doubt in my mind that passing this bill will save more lives and give people another chance for hope and recovery. Therefore, I urge you to support HB 2487 and its passage.

Both Dr. Groves and I thank you for the opportunity for us to share our testimony with you today.