

Eugene Huang, M.D. 1701 Salmon Creek Lane Juneau, AK 99801 Phone: 907.586.5762

3/1/2017

To Whom It May Concern,

I am writing this letter in support for House Bill 43, "New Drugs for the Terminally Ill." I believe that this bill will help provide terminally ill patients greater access to the new drugs that may potentially make a significant difference in their lives.

Sometimes in our practice, a patient may be in a situation where they have exhausted all available options, yet have not given up hope and want to try additional measures that may help them. Every other week, even just within my limited scope of cancer practice, there are new drugs being developed and tested in early-phase clinical trials. The pace of biotechnology research and drug development has significantly accelerated in just the last few years, offering patients more options and hope for treatment.

I believe that House Bill 43 will help bring new scientific discoveries closer to patients whom need them, within the appropriate context and safeguards.

Sincerely,

Eugene H. Huang, MD Medical Director Southeast Radiation Oncology Center

-----Original Message-----Sent: Monday, February 27, 2017 2:12 PM Subject: Written Testimony in support of HB43 New Drugs for the Terminally III

Representatives Drummond, Gara, Grenn, and Kawasaki (Sponsors of HB43):

I write to you today in support of HB43 with the short title "New Drugs for the Terminally III". I understand that your time is limited and therefore I will effort to be as brief as possible. In June of 2011, my father was diagnosed with Amyotrophic Lateral Sclerosis (ALS), sometimes known as "Lou Gehrig's Disease". For those unfamiliar, this disease slowly saps a person's ability to move, rendering them bedridden. Eventually, it takes away their ability to breathe, at which point, they die. It should be noted that the disease does not affect a person's mind. Therefore, they are acutely aware of their daily deterioration and because of this, the mind becomes a prisoner within the body. For my father, the deterioration began in June with a reduced range of movement in his left leg. At this point he had been working 12-hour days 5-6 days per week as a machinist. I feel this is important to point out because of the extended hours and physical nature of the job. He was by all accounts a very strong and healthy man at the time of diagnosis. By late fall, he had completely lost the ability to walk. At Thanksgiving, he held our then 5-month old son for the last time as his arms had become too weak for him to trust with such precious cargo. When he finally lost all movement in his limbs, he would "hug" our children by nuzzling his face against them.

As we entered the depths of winter, he and I carried on what conversations we could, trying to accelerate what should have been many more years of passing knowledge and wisdom from Father to son. These conversations became increasing difficult as the disease made his breathing quite labored, even with the assistance of a <u>bipap machine</u>. While the painful and emotional moments are too many to list, the most painful came when I asked him the simple question, "Dad, are you angry?" He responded with uncommon grace and humility by uttering one word with every labored breath. "I'm. Not. Angry. I'm. Just. Sad. That. I. Won't. See. Your. Kids. Grow. Up." In the early morning hours of February 1, 2012, he died at the all-too-young <u>age of 58</u>.

My father was a good man and my hero. He was a tireless worker, a great role model, and an unparalleled family man. He took a chance on Alaska in 1996 when he moved his family from the only home it had ever known to a place where we had no connections, no network, no family, and no friends. The gamble paid off for all of us. He saw the potential in this place. He fought like we all do to make a life here. In the end, I wish the State had afforded him the right to fight his disease with the same ferocity. Recently, in the Washington Post, there was an article detailing the experience of a man who has for all intents and purposes beaten ALS through advanced therapies pioneered by doctors at the Emory ALS Center in Atlanta, Georgia. In reading about this man, I became aware of the "Right To Try" movement. Soon thereafter I became aware of the bill which I write to you in support of today. I implore you to pass this bill and to encourage your colleagues in the Senate to do the same. I cannot say for sure that these advanced therapies would have saved my father's life, but they may yet save someone's father or mother, daughter or son.

Thank you all for your consideration of this important legislation. If you have any questions, feel free to contact me via this email address or at the information below.

Jason Norris 12026 Tidepool Place Anchorage, Alaska 99515

CC: House Speaker Rep. Edgmon, House Majority Leader Rep. Tuck, House Minority Leader Rep. Millett, Rep. Kopp (House District 24), and Sen. Von Imhof (Senate District L)

Dixie A. Hood, LMFT Juneau, Alaska

February 20, 2017

Alaska State Legislature State Capitol Juneau, AK 99801

Subject: House Bill 43 – The Right to Try

Dear Alaska State Legislature,

This letter is in support of House Bill 43, the Right to Try: New Drugs for the Terminally III.

For 30 years as a licensed marriage and family therapist, substance abuse counselor and present member of the Juneau Suicide Prevention Coalition, I have provided mental health services and support to many individuals who were suffering from life-threatening diseases, as well as their families. Some were referred to Hospice and Home Care. When help and hope seemed unobtainable, several patients turned to suicide.

I have had HIV clients who were eligible to receive medical marijuana, but moved away from long-time friends and relatives because Alaska state law required administering physicians to be publicly identified. Their doctor believed that was professionally unethical and violated privacy laws. Therefore, they refused to provide marijuana as treatment for their illness. Protection of both patient and physician is critical when the patient's well-being, and even life, are at stake.

HB 43 would enable a patient who has provided "informed consent" acknowledging the potential risk of investigational medication to receive treatment of a drug which has successfully completed Phase 1 of the U.S. Food and Drug Administration's drug review process. It would provide immunity from disciplinary action and liability of doctors and manufacturers who have been willing to make the investigational medication available to the patient.

This would enable a terminal patient the ability to access safe, but experimental drugs when their doctor has exhausted all the FDA-approved options.

This is a humanitarian issue, not a political one. I urge support of House Bill 43.

CC: Representative Jason Grenn

-----Original Message-----

From: E. C. Krome Sent: Tuesday, February 21, 2017 8:14 PM To: Rep. Jason Grenn <Rep.Jason.Grenn@akleg.gov> Subject: HB 43

I have been a registered nurse since 1979. I fully support this bill and am incredibly thankful to you for introducing it. It is terrible to take hope away from those with a terminal illness.

E. C. Krome 3642 N. Sams Dr. Wasilla, AK. 99654

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This e-mail was sent from a contact form on Representative JASON GRENN's legislative website (http://akhouse.org/rep-grenn)





Department of Health and Social Services

ALASKA COMMISSION ON AGING

P.O. Box 110693 Juneau, Alaska 99811-0693 Main: 907.465.3250 Fax: 907.465.1398

February 28, 2017

Representative Jason Grenn Alaska State Capitol, Room 418 Juneau, AK 99801-1182

## Subject: Support for HB 43, New Drugs for the Terminally III

Dear Representative Grenn:

The Alaska Commission on Aging (ACoA) is pleased to offer our support for HB 43, a bill authored by you and cosponsored by Representatives Scott Kawasaki, Les Gara, and Harriet Drummond, that would allow terminally ill patients who have exhausted other available treatments the "right to try" investigational treatments after consultation with their doctors and to provide immunity to their prescribing physicians, manufacturers and distributors of new treatments that have not yet received federal approval.

End of life care is particularly important to older Alaskans and their families. In addition to the potential lifesaving measures that experimental drugs may offer, new treatments can also reduce the pain, discomfort, and inflammation that often accompany terminal illnesses and provide another option to use instead of narcotic drugs. Although the Food and Drug Administration has a process called "compassionate use" that provides patients with terminal illness access to unapproved treatments still in clinical trials, we understand that this process is onerous and can take considerable time to pursue, which is a luxury that a person at the end of life simply cannot afford.

Decisions regarding medical care are personal and belong to patients in consultation with their doctors. If a patient is willing to try a new treatment and understands the risk, and the doctor believes that the treatment may help the patient more than anything else that is available, then the patient with limited and precious time should have the final say in their treatment. Further, patients also have the right to know that these treatments are costly and typically not covered by private insurance and public funding. Ultimately, payment for an investigational treatment will depend on the agreement reached by the patient, his/her doctor, and the drug manufacturer. To this end, we recommend language to be included in the bill that would require medical practitioners to counsel their patients about costs and payment responsibility for unapproved treatments in order to promote transparency and reduce disappointment.

The Commission supports HB 43 and appreciates your leadership of this legislation. We believe that HB 43 will provide hope to Alaskans who suffer from a terminal illness by offering access to investigative treatment options and creating new research pathways to save lives. Please feel free to include the Commission's letter in the bill packet for HB 43.

Sincerely,

Cc:

David a. Blacket

David A. Blacketer Chair, Alaska Commission on Aging

Representative Scott Kawasaki Representative Les Gara Sincerely,

Denise Daniello ACoA Executive Director

**Representative Harriet Drummond** 



P.O. Box 13458 Los Angeles, CA 90013 213.935.0553

Feb. 24, 2017 Re: Support for HB43

Dear members of the Alaska legislature,

The Tenth Amendment Center fully supports passage of HB43 enacting a "Right to Try" law in Alaska.

Sometimes the wheels of bureaucracy move slowly. For most of us, this merely presents an inconvenience, but for a patient suffering from a life-threatening illness, a few months could mean the difference between life and death.

The FDA approval process is meant to protect the public and ensure only safe and effective treatments find their way into the marketplace. But sometimes the nature of the process means delays in getting medicines into the hands of those who desperately need them. "Right to Try" laws create a bridge spanning a gap between federal regulations and the needs of terminally ill patients.

We've seen firsthand what "Right to Try" means for more than 70 cancer patients in Texas. Treatment ended after the FDA declined to extend a clinical trial.

"Essentially, my job was to go back to these patients and family members, and tell them that, 'Sorry, I mean the FDA has told me not to continue in this treatment," Dr. Delpassand said.

But when the Texas Right to Try bill went into effect, he was able to resume treating his patients under the new state law.

"I can tell you that when I was talking to our patients, when I told them about the news, they were just so happy to hear this. This was such good news for them and gave them such a great hope to understand and know they can get their treatment."

This type of legislation illustrates the beauty of federalism. People have recognized a glaring need and met it through legitimate state action.

So far, 33 states have enacted "Right to Try," and several states will likely be added to the list this year.

We strongly urge you to vote yes on HB43.

Sincerely,

Michael Boldin, Tenth Amendment Center Founder and Executive Director Mike Maharrey, Tenth Amendment Center National Communications Director





## Department of Commerce, Community, and Economic Development

STATE MEDICAL BOARD

550 West 7<sup>th</sup> Avenue, Suite 1500 Anchorage, AK 99501-3567 Main: 907.269.8163 Fax: 907.269.8196

February 24, 2017

The Honorable Bill Wielechowski State Senate Alaska State Capitol Juneau, Alaska 99801

The Honorable Jason Grenn State House of Representatives Alaska State Capitol Juneau, Alaska 99801

Senator Wielechowski and Representative Grenn:

The Alaska State Medical Board has reviewed Senate Bill (SB) 19 and House Bill (HB) 43, which propose to provide immunity for, and prohibit disciplinary action of, physicians for prescribing, dispensing, or administering an experimental drug to terminally ill patients that have considered all other treatment options approved by the FDA and is ineligible or unable to participate in a current clinical trial.

During the previous legislative session, the Board had opposed similar bills; however, the previous position is not relevant to the current bills, as they are different. The Board noted that the previous bills allowed for use of drugs that may be in Phase 1 of testing, and the current bills are for drugs in Phases 2 or 3. The Board also noted that the two current bills are nearly identical, except that HB 43 includes provisions for the both use or non-use of these drugs.

The Board determined to take a neutral position on SB 19 because it does not include the "non-use" clause; the Board supports HB 43 as written.

Sincerely,

Grant Roderer, M.D. Board President Alaska State Medical Board February 17, 2017

Bob Urata MD Valley Medical Care 1801 Salmon Creek Lane Juneau, Alaska 99801

Alaska State Legislature State Capitol - Room 418 Juneau, Alaska 99801 Fax: 907-465-6597

To Whom It May Concern:

This is a letter of support of for House Bill 43 which would protect physicians and hospitals for treating terminally ill patients with experimental medications that have passed the first stage of approval from the FDA.

I personally have not had to use this, but feel if this was available it would allow me to likely pursue this more as I will know that there is protection from potential lawsuits should something go wrong causing unforeseen patient harm.

I hope you will find this bill favorable for your support. I urge passage by your committee.

Thank you for your service.

Sincerely,

Bob Urata MD 907-723-4144