



# PATRICK SNYDER

STATE REPRESENTATIVE • 85<sup>th</sup> ASSEMBLY DISTRICT

Thank you Chairman Sanfelippo, Vice-Chair Bernier, and members of the committee for holding this public hearing today on Assembly Bill 69. I am honored to testify before you about this legislation, which is often known as Right to Try.

For the past four years, I have been a volunteer with Wausau Aspirus Comfort Care & Hospice. Throughout this experience, I have spent time in patients' homes and at the hospice house, having the opportunity to form unforgettable relationships with terminally ill patients and their loved ones. Far too many times, I have witnessed patients with a terminal illness exhaust all conventional treatment options and be told by their doctor that there are no other alternatives.

When a patient with a terminal illness reaches this devastating point, they have two options. They can attempt to enroll in a clinical trial, but typically the sickest individuals are ineligible. If enrollment in a clinical trial is not possible, a patient may ask the FDA for special permission through their expanded access (compassionate use) application. The expanded access process is complicated, expensive, and time-consuming. In 2015, the FDA reported granting a total of 1,256 expanded access applications. This number is miniscule compared to the millions of Americans that are dying from a terminal illness every year.

## **Right to Try is designed for those patients who run out of options.**

In just a matter of 32 months, 33 states have passed similar legislation into law with overwhelming bipartisan support, including our neighboring states of Illinois, Indiana, Michigan, Minnesota and Ohio. A Texas doctor is on record testifying he alone has used Right to Try to prolong the lives of 78 patients with a terminal illness. We have crafted our legislation in the same vein as this movement that has taken off across the country. This bill gives certain people with a terminal illness access to investigational drug and treatment options that are not yet available on pharmacy shelves, but have passed Phase 1 basic safety testing by the FDA. Often times, these people do not have the luxury of waiting for these drugs to make it to the market. The average length of time for a drug to get approval for use by the general public is more than a decade long and costs over \$2 billion dollars. Right to Try is an optional process for a patient and his/her doctor to close the gap between when this treatment is needed and when it's received. Far too often in our current system, by the time the drug is available, it's too late.

By putting these medical decisions back in the hands of the patient and their physician, we are ensuring that the patient has the right to explore every treatment option that is safe, legal, and available. Fortunately, I do not have a personal story to share with you today on how this legislation would have benefited a loved one of mine in the past, but I do know if the unspeakable were to happen I would want them to have the option to try a potentially life-saving drug or treatment if they chose to do so. They shouldn't have to wait for the government to grant them special permission. Even if these additional treatments don't save a person's life, at least their family will have peace of mind that every available option was pursued.

I ask for your support in my effort to bring Right to Try here to Wisconsin. It is common sense legislation that has been enacted by over half of the United States. These patients are already fighting for their lives, why make them fight the government for access to these potential lifesaving treatment options too?