

**Testimony Before the Human Services Committee
March 12, 2024**

**In opposition to
SB 8 AN ACT REDUCING PRESCRIPTION DRUG PRICES.**

Sen. Lesser, Rep. Gilchrest, Sen. Seminara, Rep. Case, Sen. Gaston, Rep. Dathan, and members of the Committee:

Thank you for this opportunity to provide testimony regarding SB 8. The Connecticut Pharmacists Association and the Connecticut Society of Health-System Pharmacists represent more than 6,000 pharmacists, technicians, and students across all sectors of the pharmacy profession in Connecticut.

Connecticut's pharmacists share the goals of the legislature to provide Connecticut residents more affordable, high-quality health care. Improved patient access, lower costs, and improved outcomes are vital to better healthcare for our citizens.

However, we are concerned about the potential adverse impact of the Canadian legend drug importation program on Connecticut's pharmacists and their patients and we respectfully cannot support this part of the proposal. To put it bluntly, importing drugs from Canada is neither safe, nor cost effective, and it will put Connecticut's patients at risk.

We are also disappointed that this legislation does not address one of the fundamental issues driving up drug prices, the lack of regulatory transparency for pharmacy benefit managers (PBMs). Additionally, there are already underway a number of federal initiatives in development, such as the Equitable Community Access to Pharmacist Services Act (ECAPS) and PBM reform, which address drug prices and access.

IMPORTATION PUTS PATIENTS AT RISK

Any importation program would need to be fully transparent about which drugs would be excluded, and would necessitate extensive labeling, track-and-trace, quality testing, and other compliance, all of which add to the ultimate cost of the imported drugs. Any compromise in the safeguards that already protect Connecticut's drug supply would severely undermine patient confidence in the safety of their medications.

• Importation jeopardizes patient safety.

Decades of federal and state laws have created patient safety and drug supply chain protections to ensure that the drugs that we provide to patients are safe. The proposed program would bypass these protections and create a wide range of supply chain

vulnerabilities, including the introduction of counterfeit or unsafe drugs, putting patients at an increased risk.

Such is the danger that in 2017 four past FDA Commissioners (Robert M. Califf, MD; Margaret B. Hamburg, MD; Mark B. McClellan, MD, PhD; and Andrew Von Eschenbach, MD) told Congress that **“importation represents a complex and risky approach ... that is likely to compromise the carefully constructed system that guards the safety of our nation’s medical products.”**¹

- **Importation undermines the Drug Supply Chain Security Act (DSCSA), also known as “the track-and-trace law.”**

Part of the Commissioners’ letter points to the fact that pharmacists and other drug supply chain stakeholders have been working for years to implement DSCSA, which creates a closed supply chain to track and trace prescription drugs as they move from manufacturer to distributor to pharmacist to consumer. These same safeguards do not exist in Canada. Importation creates a patchwork of interim supply chain measures that introduce gaps and loopholes in the supply chain as drugs are distributed from Canada into the U.S. Pharmacies have invested time and money to put DSCSA systems in place.

- **Importation would create pharmacy operation disruptions that could introduce barriers to access that may compromise patient safety.**

If importation were enacted, FDA-approved and Canadian versions of the same drug would be commingled in the marketplace. With already limited shelf space, and time spent on managing inventory, introducing these foreign products onto Connecticut’s pharmacy shelves would interfere with pharmacy operations. Further, importation would create product selection confusion, with questionable interchangeability between products. Pharmacist may not even know which version of a drug to dispense to patients. Access to medication could be limited if a patient’s plan dictates dispensing one version and a pharmacy only has the other. It would also complicate insurance coverage and reimbursement at the pharmacy.

- **Importation would fail to produce significant cost savings to Connecticut consumers.**

As a result of additional steps in the supply chain, such as relabeling and laboratory testing requirements, it is highly unlikely that there will be a significant cost savings to Connecticut consumers. The need for additional track-and- trace, recall, and adverse event reporting systems will further increase costs associated with the importation program. The lack of clarity around unknown, unproven cost savings does not justify jeopardizing Connecticut’s supply chain integrity and patient safety.

¹ “Four former FDA commissioners denounce drug importation citing danger to consumers.” *Washington Post*, March 17, 2017. <https://www.washingtonpost.com/news/to-your-health/wp/2017/03/17/four-former-fda-commissioners-denounce-drug-importation-citing-dangers-to-consumers/>

Indeed, other states attempting to implement drug importation plans have found there to be little, if any, potential financial benefit. Colorado and New Mexico, for instance, both found that their own Medicaid and rebate plans offered cheaper drugs than imported options. Colorado even removed Medicaid from their analyses altogether:

“Initial estimates [for the Colorado importation proposal]... do not include the Medicaid population. The Department found no savings for Medicaid, upon initial analysis, due to already deep drug discounts in the program.”

—Colorado Drug Importation Program, Draft Application, March 9, 2020
Colorado Dept of Health Care Policy and Financing

Thank you for your time and consideration. As always, Connecticut’s pharmacists are ready and able to provide more information and insight concerning these issues, and look forward to working with you to create a safe and equitable pharmacy environment in the state.