

**Testimony regarding
SB1 AN ACT CONCERNING THE HEALTH AND SAFETY OF
CONNECTICUT RESIDENTS**

March 18, 2024

Sen. Anwar, Rep. McCarthy Vahey, Sen. Kushner, Sen. Marx, Rep. Parker, Sen. Somers, Rep. Klarides-Ditria, and Members of the Public Health Committee:

The Connecticut Pharmacists Association (CPA) and the Connecticut Society of Health-System Pharmacists (CSHP) together represent some 6,000 community and institutional pharmacists, pharmacy technicians, and student pharmacists in every practice setting.

Thank you for the opportunity to comment on SB1 An Act Concerning the Health and Safety of Connecticut Residents. Connecticut's pharmacists support the goals and intent of SB1, but we would suggest revisions specifically to Sections 20 and 26.

INCLUDE A PHARMACIST ON THE NAFLD WORKING GROUP

Section 20 establishes a working group to study nonalcoholic fatty liver disease (NAFLD), including nonalcoholic fatty liver and nonalcoholic steatohepatitis. The bill includes a long list of proposed working group members, but we believe that the working group would benefit from the addition of a medication expert—a pharmacist.

Recent research has recognized the important role pharmacists can play in identifying and treating NAFLD:

By utilizing variables such as anthropometrics, family history, and blood biomarkers, pharmacists can effectively identify individuals at high risk of developing NAFLD. By collaborating with other healthcare professionals and adopting a proactive approach, pharmacists can make significant contributions to the early detection and effective management of NAFLD, ultimately improving patient outcomes and advancing liver health within the community.¹

Pharmacists are consistently the most accessible health care provider for most patients—95% of Connecticut residents live within 5 miles of a pharmacy, and they see a pharmacist 12-15 times per year as opposed to just 1-2 visits to a primary care

¹ Expanding Pharmacists' Role in the Management of Non-Alcoholic Fatty Liver Disease. Pharmacy (Basel). 2023 Oct; 11(5): 151. Published online 2023 Sep 21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10514885/#:~:text=Community pharmacists can make a,personalized lifestyle counseling for dietary>

doctor. The addition of a pharmacist to the working group will ensure that a vital, knowledgeable part of the healthcare team is represented, providing a voice of medication expertise and patient access.

ELIMINATE OR REVISE THE OPIOID DEACTIVATION DEVICE REQUIREMENTS

While Section 26 is well-intentioned, we believe that it is unworkable in its current form, redundant of programs already in place, potentially wasteful, and would add an additional burden and cost for pharmacies and taxpayers.

Opioid deactivation devices are already available in many retail pharmacies to all patients upon patient request at no cost to the patient; they are also available through the Governor's Prevention Partnership program.

Since pharmacies would be required to purchase these devices and only then be able to seek reimbursement through the Opioid Settlement fund, pharmacies that are already financially vulnerable due to overreach and excesses of pharmacy benefit managers (PBMs) will be required to take even further financial risk.

In 2022, over 1.6 million opioid prescriptions were written in Connecticut. Of these, a large portion are dispensed for maintenance of chronic conditions and potentially multiple opioid prescriptions are dispensed to the same patient on regular basis throughout the year. Thus, a single patient, handed a new deactivation device each time they pick up their maintenance prescription, could receive a dozen or more of these devices throughout the year—many, if not all, of which would likely simply be thrown away.

Mandating that pharmacies proactively provide these devices with every opioid prescription in the state will put an additional burden on pharmacies (in terms of purchasing, storage, training, reporting, etc.), and rapidly consume the approved funding. And, per the bill, once those funds are depleted, pharmacies will no longer be required to provide the devices, obviating the intent of the law. Pharmacies will have no way to know whether those funds have been depleted until after the fact.

Finally, there will be additional costs to state taxpayers because the Department of Consumer Protection will require additional resources to regulate and oversee the bill's conditions.

Connecticut's pharmacists are on the front line of combatting the state's opioid crisis. Among other projects, we coordinate with the DEA and local police departments and municipalities across the state on bi-annual Drug Take-Back Days, giving people the opportunity to return unused drugs without question. Additionally, disposal kiosks are available at many retail pharmacies as well as police stations across Connecticut.

We believe there are more impactful ways to engage the opioid crisis with the state's opioid settlement funds than the blanket requirement of Section 26.