



## **2020 LEGISLATIVE SESSION INITIATIVES**

*prepared by CPA on behalf of CSHP, ASCP, USJ and UConn Schools of Pharmacy*

### **HB 5044: AN ACT CONCERNING IMMUNIZATIONS**

**POSITION:** SUPPORT

**PURPOSE:** To protect the public health by ensuring adequate and appropriate immunizations of children; eliminates the religious exemption for the mandatory immunization of children.

**OUR OPINION:** The scientific facts supporting broad immunization are evident: Vaccination has enormously reduced the burden of infectious disease on society.

- It is estimated that vaccines prevent nearly 6 million deaths worldwide on an annual basis. In the U.S., there has been a 99% decrease in incidence for the nine diseases for which vaccines have been recommended for decades, accompanied by a similar decline in mortality and disease sequelae.
- Vaccine safety gets far more public attention than vaccination effectiveness, but the science consistently shows that vaccines are safer than even therapeutic medicines.
- Vaccines have an excellent safety record, but misguided safety concerns have led to a fall in vaccination coverage in some areas, causing the re-emergence of pertussis and measles. Connecticut should not be among that number.

### **HB 5175/SB1: AN ACT CONCERNING DIABETES AND HIGH DEDUCTIBLE PLANS**

**POSITION:** SUPPORT WITH MODIFICATIONS

**PURPOSE:** To require pharmacists to dispense insulin drugs, equipment, and supplies without a prescription under certain circumstances (Section 3).

**OPINION:** Overall, we support the intent of HB 5175/SB 1, but in order for this legislation to be successful, it should serve the needs of patients while protecting the pharmacists who dispense the drug. We are developing draft language in response to the following issues for Section 3:

- In the context of this bill, what would be considered a minimum supply? There are four main types of insulin and far more prescription brands that offer the medication in its main forms.
- Would pharmacists be required to maintain a special stockpile of insulin for such emergency dispensement? If so, would this include all the various types of insulin on the market?
- Without a valid prescription, pharmacies generally cannot make a reimbursement claim to a payor for any drug.
- The ongoing insulin "shortage" can make it difficult for some pharmacies, especially small and independent ones, to keep certain insulins affected by the shortage at the time in stock. This could be further exacerbated by any stockpiling requirements.
- What provisions are there to minimize fraud and abuse of the system? There is already a broad and active black market for insulin. Unscrupulous individuals could potentially utilize the emergency insulin system to access product (possibly from multiple pharmacies at a time) and illegally resell it.
- Pharmacists should be fully and completely protected from any liability associated with the transaction, including any adverse reactions.

## **HB 5366: AN ACT CONCERNING THE COST OF PRESCRIPTION DRUGS**

## **SB 328: AN ACT CONCERNING HEALTH CARE COST GROWTH BENCHMARKS, CANADIAN DRUG REIMPORTATION, STOP-LOSS INSURANCE AND REINSURANCE**

**POSITION:** OPPOSE

**PURPOSE:** To establish the "Canadian legend drug importation program" and require the Commissioner of Consumer Protection to submit a request to the federal Secretary of Health and Human Services to implement a Canadian prescription drug reimportation program in Connecticut.

**OUR OPINION:** We oppose HB 5366 for the following reasons:

- **It 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 supply chain vulnerabilities.
- **It undermines the Drug Supply Chain Security Act (DSCSA), also known as "the track-and-trace law."**  
HB 5366 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, and the proposal creates a disincentive for further investment and compliance.
- **It would create pharmacy operation disruptions that could introduce barriers to access that may compromise patient safety.**  
If HB 5366 were enacted, FDA-approved and Canadian versions of the same drug would be commingled in the marketplace.
- **It would fail to produce 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.

## **SB 16: AN ACT CONCERNING THE ADULT USE OF CANNABIS**

**POSITION:** NEUTRAL

**PURPOSE:** Establishes parameters for the legalization of adult-use of marijuana starting in 2022.

**OUR OPINION:** Connecticut's medical cannabis program is widely considered the gold standard for such initiatives due to its stringent regulations and adherence to medical standards. A major factor of the program's success is its requirement that a licensed pharmacist be onsite to consult and counsel patients and to dispense the product. Unlike other states, each patient in Connecticut engages directly with an expert in the science, technology, pharmacology, pharmacokinetics, side effects, medical attributes, and administration of marijuana-based therapeutics.

In other states, the introduction of retail cannabis has significantly weakened medical programs. For example, in Colorado, since the peak of summer 2011 when the state's medical marijuana program boasted over 116,000 patients, more than 33,000 patients have fallen off the medical marijuana registry. And since recreational stores opened in that state in 2014, the registry has fallen more than 30 percent, according to Colorado Department of Public Health and Environment data.

If the state of Connecticut considers establishing a retail cannabis market, it is imperative to protect the integrity, strength and viability of the medical cannabis program.

### **ABOUT CSHP**

Since 1948, the Connecticut Society for Health-System Pharmacists has worked on behalf of CT pharmacists. CSHP provides you with a community of pharmacy professionals who share their time, resources, and expertise to work together toward a common goal of professional growth and enhanced patient outcomes. CSHP actively advocates for the professional interests of practitioners in CT before legislative and regulatory decision makers to enhance their ability to practice. Learn more about us, our membership, programs and initiatives at [www.cshponline.org](http://www.cshponline.org)

The *mission of CSHP* is to advocate and support the practice of health-system pharmacy professionals to help people achieve optimal health outcomes.