

Written Testimony of
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March 11, 2011
Public Health Committee

**Committee Bill No. 5610 – An Act Concerning the Duties of a Pharmacist
When Filling a Prescription Used for the Treatment of Epilepsy or
Prevention of Seizures**

Good Morning Senator Gerratana, Representative Ritter, Senator Welch. Representative Perillo and distinguished members of the Public Health Committee.

Thank you for giving me the opportunity to testify in support of Committee Bill No. 5610.

My name is Linda Wallace and I am Executive Director of the Epilepsy Foundation of Connecticut. I am also the mother of a young adult who has had epilepsy for 25 years. This will be the fifth year that we are advocating for this legislation. It is supported by the Connecticut Medical Society, the Connecticut Neurology Association, the American Academy of Neurology, the American Epilepsy Society, the International League Against Epilepsy, the National Black Caucus, and the National Hispanic Caucus of Hispanic Legislators.

For the more than 60,000 people in Connecticut with epilepsy, there is still no cure – not yet! For the majority of these people, medication is the most common and most cost effective treatment for controlling and/or reducing seizures. And until there is a cure, we need to assure them and their loved ones that they will have access to their recommended treatments as decided upon by them and their medical care providers. This legislation simply requires pharmacists to receive the consent of a patient and their physician before switching from one manufacturer of a particular medication to another manufacturer of the same medication.

There are two distinguishing features of epilepsy that warrant this approach. First, seizure control can be an all or nothing proposition. Slight changes in the amount of medication received by a person with epilepsy can mean the difference between a fully controlled condition and breakthrough seizures. Critically, the person with epilepsy exists in either one of those two states: the person is either seizure free or is not.

Second, the consequences of a breakdown in a well-maintained seizure control medication regimen can be catastrophic. The consequences of a breakthrough seizure can be extreme: seizures increase the likelihood of serious bodily injury and death, and, even when no physical injury occurs, seizures often result in significant social, legal and developmental consequences, including loss of a person's driver's license, loss of employment, and loss of self-esteem. Consider also, if a breakthrough seizure were to occur while engaged in the various activities of daily living, such as driving, it becomes apparent that it is a matter of both individual and public safety. And finally, the consequences of a breakthrough seizure can be costly with significant expenses: ambulance, emergency room, and doctor visits that far outweigh the monthly expense of keeping that individual on their prescribed medication.

We believe this bill is critical for people with epilepsy who rely on their medications to control and prevent seizures. It is a simple way to ensure that people with epilepsy receive the medications they need to live normal lives.

