

**Testimony Presented to the
Public Health Committee of the Connecticut General Assembly**

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**H.B. No. 5270
An Act Concerning the Right to Try Experimental Drugs**

Good morning Senator Gerratana, Representative Ritter, Senator Crisco, Representative Riley , Senator Markley, Representative Srinivasan, members of the Public Health Committee.

I'm Paul Pescatello, Senior Counsel and Executive Director of the Connecticut Bioscience Growth Council.

I am also President/CEO of the New England Biotechnology Association and Chair of We Work for Health Connecticut.

The Connecticut Bioscience Growth Council is a committee of the Connecticut Business and Industry Association's biotech and biopharma members.

The Bioscience Growth Council was formed as a means to foster collaboration both among Connecticut biotech and biopharma companies themselves and, just as importantly, *with* our state. As you know, Connecticut – *this* General Assembly – has chosen wisely to invest in the life sciences as a foundation for Connecticut's 21st century economy and as a means to create a broad spectrum of jobs.

Rigorously designed, administered and executed clinical trials are critical to an effective process for approving new medicines, and for patients and the public to have confidence that newly approved medicines are safe and effective.

Right to try legislation, while understandably well meaning, will hurt, not help, the clinical trial process.

Right to try would reduce the incentive for patients to participate in clinical trials.

Right to try legislation could negatively affect the supply of investigational drugs, generally in very tight supply, with barely enough medicine made to meet the requirements of clinical trial protocols.

The FDA has responded to the understandable desire of patients to try investigational drugs with a much improved, streamlined "compassionate use" process.

Expedited FDA compassionate use is working. There is little evidence that patients with legitimate requests to try early stage, non-FDA approved drugs are unable to obtain them.

I would note too that there is no evidence of any patients receiving experimental drugs because of "right to try" legislation in other states.

We have built a robust biopharma sector in Connecticut. Biopharma companies and research institutions and universities depend on a clear regulatory framework for clinical trials. Right to try would complicate and confuse a successful regulatory process, ultimately undermining our collective goal of bringing new and better treatments and cures to patients as speedily as possible.

I would be happy to answer any questions you may have or expand upon any points made in my testimony.

Thank you.