CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

MICHELLE H. SEAGULL | COMMISSIONER

Testimony of Michelle Seagull
Commissioner of Consumer Protection

General Law Committee
Public Hearing, February 25, 2021

SENATE BILL 694 "AN ACT CONCERNING REVISIONS TO PHARMACY AND DRUG CONTROL STATUTES"

SENATE BILL 895 "AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES"

HOUSE BILL 6099 "AN ACT CONCERNING ANTITRUST ISSUES AND THE PALLIATIVE USE OF MARIJUANA"

Senator Maroney, Senator Witkos, Representative D'Agostino, Representative Rutigliano and Honorable Members of the General Law Committee, thank you for the opportunity to offer testimony regarding several of the bills on your agenda for today's public hearing.

I am here today to testify in support of Senate Bill 694 and House Bills 6099. These bills were requested by the Department of Consumer Protection (DCP) and we greatly appreciate this Committee's thoughtful consideration of these proposals. I also want to provide comments and suggestions about SB 895.

SENATE BILL 694 "AN ACT CONCERNING REVISIONS TO PHARMACY AND DRUG CONTROL STATUTES"

This bill would make multiple changes to DCP's pharmacy and drug control statutes. Some of these changes are technical, while others would provide the Drug Control Division with additional tools to protect the health and safety of the public.

Section 1 would amend the Connecticut General Statutes (CGS) Section 21a-319 so that DCP may deactivate the Controlled Substance Registration for any prescriber who is no longer licensed by the Department of Public Health. Currently, there is no automatic revocation when a prescriber's medical license becomes inactive. Rather, DCP has to go through a separate process of providing notice and having a hearing. This will provide a more efficient process to ensure that those who no longer have medical licenses aren't prescribing controlled substances.

Section 2 would add a new section to allow for pharmacists to prescribe epinephrine auto injectors when: there are no additional refills; the pharmacist can identify that the patient requesting the epinephrine auto injector has had the medication from another pharmacy and informs the patient's current medical provider of the issuance of the prescription within 72 hours of dispensing; and the prescription issued by the pharmacist is for no more than two epinephrine auto injectors. We recently met with the Medical Society about this language and will be requesting substitute language to make minor adjustments to incorporate their feedback.

Section 3 would change from 10 to 60 days the required notice that sterile compounding pharmacies must give the department prior to remodeling, relocating, upgrading or repairing their facilities, and adds a requirement that they submit their plans for remodeling, relocating, upgrading or repairing in CGS 20-633b. Sterile compounding is the creation of a medication typically administered through an IV, injection, or directly into the eyes. Because the risk of infection is significant when administering medications through these routes it is imperative that the pharmacy environment is free from contaminates. Since 2012, when a Massachusetts sterile compounding company produced contaminated medicine that killed more than 60 people, the Food and Drug Administration (FDA) and our state have been revising statutes and regulations to ensure that a tragedy like this never happens again. The Department needs enough time to review plans when sterile compound pharmacies are being built or remodeled. There have been

occasions when we have not received notice with enough time to review the licensee's plans and suggest modifications. In those instances, we have slowed the process down even more than would have otherwise been the case had we received notice within a reasonable amount of time. Last year, the Connecticut Hospital Association as well as the Connecticut Pharmacy Association requested that the increase to 60 days be reduced to 45 days. DCP agreed to the reduction and will request that Committee consider substitute language to make that change.

Section 4 wound modify Public Act No. 19-191 to clarify that the requirement for pharmacists to offer counseling to customers when dispensing medicine applies to controlled substances. This is technical fix based upon a drafting error two years ago.

Finally, section 5 seeks to revise CGS Section 21a-70 to clarify that hospice inpatient facilities licensed pursuant to sec. 19a-490, and hospitals that supply noncontrolled drug or a schedule II, III, IV, or V controlled substance in an outpatient care setting operated by the hospital are not drug wholesalers.

SENATE BILL 895 "AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES"

As the title suggests, this bill makes a variety of changes to the pharmacy statutes. Sections 1 and 2 would allow for automated prescription dispensing machines in nursing homes or skilled nursing facilities. DCP worked with the proponents on this language and has no objections.

DCP also worked on the language in section 3 with the harm reduction community. It would permit registered syringe programs to provide hypodermic needles and syringes through secured machines approved by DCP.

Sections 4 and 5, language DCP worked on with the Connecticut Society of Health System Pharmacists, would modify collaborative drug therapy statutes to enhance patient care and reduce administrative burdens.

The intent of section 6 of this bill is to permit methadone, and other controlled substance medication assisted treatment, that is both dispensed for take home use and dispensed and administered at facilities, to be uploaded to the Connecticut Prescription Monitoring and

Reporting System. While DCP supports the goals of this language, as currently drafted, it conflicts with Connecticut General Statutes Section 21a-254(j)(13). We recommend also amending that section. Moving forward, we are happy to work with the proponents on amendments to this section.

HOUSE BILL 6099 "AN ACT CONCERNING ANTITRUST ISSUES AND THE PALLIATIVE USE OF MARIJUANA"

Section 1 of this bill, which was drafted in consultation with the Office of the Attorney General, would create a process by which any proposed changes in ownership of any medical marijuana business licensed by the Department of Consumer Protection would be reviewed by the Office of the Attorney General to determine whether such transaction, if consummated, would violate the antitrust laws.

Because Connecticut's Medical Marijuana Program (MMP) is unique in that there are a limited number of licensees, and a significant number of mergers and acquisitions happening around the country, the Department anticipates the potential for anticompetitive transactions to arise. In the last two years, eight licenses in the MMP have been sold with several owners now owning shares of multiple businesses. There are also two pending acquisitions. With this change the Attorney General's office will analyze each deal prior to consummation to ensure that industry consolidation does not reach levels that harm competition. The requirements for notice and an opportunity for review are consistent to what exists under federal antitrust laws for large mergers and acquisitions.

Sections 2 through 5 would clarify that hemp, which can now be grown outside of the MMP, can be purchased by MMP producers. The language also creates a structure for the producers to purchase hemp and hemp products from non MMP entities.