CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 12, 2008

SB 654, An Act Concerning The Availability Of Prescribed Antiepileptic Drugs

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **SB 654, An Act Concerning The Availability Of Prescribed Antiepileptic Drugs**. CHA opposes this bill.

SB 654 seeks to add a requirement to subsection (b) of section 20-619 of the general statutes that is both inappropriate and unnecessary. The proposed text would force a pharmacist to obtain additional consents from the prescribing physician when substituting generic drugs for brand name antiepileptic medications.

The law is unnecessary because a prescribing physician already has the ability to require a brand name only prescription. This ability, and its process, is set forth in subsection (c) of section 20-619 of the general statutes.

It is ill-advised to create another confusing, inappropriate method of guaranteeing no generics on a drug-by-drug basis. This change will not result in better care, nor will it expand patient choice. Instead, it will lead to exorbitant costs for patients and potentially life-threatening delays in care. It also would begin a dangerous precedent of trying to address real life reimbursement issues – efforts that should be directed at third-party payers, not providers – by creating unnecessary obligations on providers.

In addition, SB 654 is not clear that its requirements do not apply to medications provided to hospital inpatients. To clarify, the word "only" needs to be added to the second to last sentence of the SB 654's subsection (j) as follows (the added language is underlined):

> (j) Upon the initial filling or renewal of a prescription, if the patient or a representative of the patient or the patient's practitioner informs the pharmacy, in writing, that the prescription is used for the treatment of epilepsy, a pharmacist shall not substitute an antiepileptic drug or formulation of an antiepileptic drug, brand name or manufacturer of a generic name using the National Drug Code system for the treatment of epilepsy without consent of the patient's practitioner. For purposes of obtaining the consent of the patient's practitioner required for a drug substitution, a pharmacist shall notify the patient's practitioner via facsimile transmission. If the patient, the patient's representative or the patient's practitioner refuses the substitution, the pharmacist shall fill the prescription without such

substitution or return the prescription to the patient or to such patient's representative for filling at another pharmacy. For purposes of this section, "pharmacy" includes a hospital-based pharmacy **only** when such pharmacy is filling prescriptions for employees and outpatient care, and mail order pharmacies licensed by the state to distribute in state. "Pharmacy" does not include pharmacies in long-term care facilities.

The legislature should not invade the practice of medicine in this manner. Shifting the burden to pharmacists does not remove the specter of interference with the physician-patient informed consent process. We urge you to reject SB 654.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.