



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
GENERAL LAW COMMITTEE
Tuesday, February 20, 2024**

**SB 133, An Act Concerning Regulation Of Prescription
Drugs And Related Professions**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 133, An Act Concerning Regulation Of Prescription Drugs And Related Professions**. CHA opposes the bill.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

SB 133 is irretrievably flawed despite the good intentions and goals of the bill's proponents, most notably the admirable goal of creating flexibility in pharmacy practice. We strongly urge the Committee to reject the bill to avoid significant and potentially costly unintended consequences for patient care, patient access, and pharmacy practice.

We support the goal of enhancing flexibility for pharmacy practice, which should be pursued in an effort to control healthcare costs and increase available workforce options in the delivery of care.

CHA strongly recommends starting fresh with additional interested stakeholders at the table to ensure that the right language becomes law. We recognize that such a process may extend the time to passage of a bill on these topics into a subsequent legislative session.

It is rare for CHA to urge for the rejection of an entire bill due to the drafting framework used. To that end, below we offer representative issues that illustrate the obvious need to rework the entire bill.

Most of the definitions in SB 133 are problematic and would necessarily cause confusion for existing scopes of practice for many healthcare providers. In scope of practice laws, precision is especially critical because ambiguous or imprecise wording impacts not just the professionals discussed, but it also affects all providers and workforce members within the same area. For example:

- **“Patient” is incorrectly defined and potentially hazardous.** The definition of patient in SB 133 does not exist in any other Connecticut statute (or in fact in any other state’s laws). This definition is fundamentally flawed, including that it fails to recognize that the word “treatment” in healthcare often is meant to distinguish therapeutic care from diagnostic care or that there may be times when a “patient” in this context might be a research subject.
- **“Advanced Pharmacy Technician” is incorrectly defined and unworkable.** SB 133 states, “No individual may perform the duties of an Advanced Pharmacy Technician....” with Advanced Pharmacy Technician being established as an entirely new category of professional. That language literally means that *no licensed pharmacist* could perform those duties. The language also appears to limit activities that a pharmacy technician is currently legally permitted to do under current law.
- **“Clerk” is incorrectly defined and unworkable.** Section 3 of SB 133 states that “No individual may perform the duties of a clerk unless such individual is registered with the department in accordance with the provisions of this section” and goes on to provide that a Clerk may “handle dispensed drugs and deliver such drugs to patients (1) under the direct supervision of a pharmacist, or (2) as otherwise authorized in regulations adopted by the commissioner pursuant to subsection (e) of this section.” This literally means that no one else can handle dispensed drugs or deliver such drugs to patients unless they are a clerk (a new support staff category). That means none of the following professionals would be legally permitted to do their jobs: not a nurse, not a physician, not a pharmacist. Further, in a retail pharmacy setting, it would literally mean a delivery driver cannot deliver drugs to a patient’s home.
- **“Compliance Packaging” is incorrectly defined and problematic.** “Compliance packaging” is a new statutory term that is similar to, but inconsistent with, other existing definitions and practices that allow pharmacist dispensing of drugs in “blister packs,” and will likely cause significant confusion and conflict with existing Connecticut law relating to special packaging and blister packs. The definition of “compliance packaging” also:
 - Is contradictory regarding controlled substances (e.g., in one section banning them from this type of packing, but in a later section requiring a log when they are included)
 - Introduces a new limitation of a “sixty-five day supply” of drugs despite no other Connecticut law having a sixty-five day limitation (because chronic conditions and cost barriers militate toward a 90-day supply as the right timeframe)

- Confuses the rules for return of drugs
- Interferes with patient choice and patient access by deterring or rendering unavailable large-scale pharmacies with low-cost drug options

In addition, SB 133 (1) fails to harmonize, and in many cases contradicts, existing statutory and regulatory definitions; (2) fails to leverage the existing structure for professional categories and scope of practices, including pharmacy technician, in an attempt to enhance assigned duties through Department of Consumer Protection (DCP) levels of statutory recognition (instead SB 133 creates entirely new and confusing professional categories); and (3) fails to ensure other professionals' current scopes are not restricted or narrowed.

CHA welcomes the opportunity to work with the Committee, the bill's proponents, and other interested stakeholders, to achieve the bill's key goal of expanding capabilities for professional and support staff categories in pharmacy without causing unintended consequences, without jeopardizing patient care, and without causing confusion for the regulatory landscape.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.