

Legislative History for Connecticut Act

PA 15-219

SB28

House	6860-6876	16
Senate	2580-2587, 2661-2662	10
General Law	112-115, 118-119	6
		32

Transcripts from the Joint Standing Committee Public
Hearing(s) and/or Senate and House of Representatives
Proceedings

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2015**

**VOL.58
PART 20
6610 – 6943**

/rc/ks/dm
HOUSE OF REPRESENTATIVES

86
June 1, 2015

Will the Chamber please come back to order.

And will the Clerk please call Calendar No. 669.

CLERK:

On Page 43, Calendar 699, Favorable Report of the Joint Standing Committee on Public Health, Substitute Senate Bill 28, AN ACT CONCERNING MANUFACTURING NAMES AND MEDWATCH REPORTING INFORMATION ON GENERIC DRUG CONTAINERS, THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM AND PHARMACIST CHANGES TO PRESCRIPTION DRUGS DISPENSED TO CERTAIN PATIENTS.

DEPUTY SPEAKER ORANGE:

Representative David Baram.

REP. BARAM (15th):

Good evening, Madam Speaker. I move -

DEPUTY SPEAKER ORANGE:

Good evening, sir.

REP. BARAM (15th):

Good evening to you. I move for acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER ORANGE:

/rc/ks/dm
HOUSE OF REPRESENTATIVES

87
June 1, 2015

The question before the Chamber is acceptance of the Joint Committee's Favorable Report in concurrence with the Senate. Representative Baram.

REP. BARAM (15th):

Thank you, Madam Speaker. The Clerk has a strike all amendment LCO 8506. I'd ask that the Clerk please call this amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER ORANGE:

Will the Clerk please call LCO No. 8506 which has been previously designated as Senate Amendment Schedule "A?"

CLERK:

Senate "A" LCO 8506 as introduced by Senator Leone.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber to summarize. Objection, objection? Representative Baram.

REP. BARAM (15th):

Thank you, Madam Speaker. This is a great consumer bill. What it does is it requires that when a generic drug is being sold to a consumer that additional information such as the

/rc/ks/dm
HOUSE OF REPRESENTATIVES

88
June 1, 2015

manufacturer's name, toll free number, website, address, and the MedWatch number be placed either on the prescription label, the receipt or other packaging associated with the prescription.

In addition, if a pharmacist substitutes a generic for a brand name it's required that both the brand name and the generic drug be placed on the label. We believe that this bill will promote transparency to make sure that the consumer has all available information; that it will avoid confusion especially with senior citizens who forget what drugs they're taking and get confused between brand and generic names.

And will also promote medical safety by having the MedWatch number which is a program of the FDA, and they keep track of adverse interactions when people call in and report that to the manufacturer.

Madam Speaker, I would move adoption.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is adoption of Senate "A." Will you remark further on Senate "A?" Representative Carter. You have the floor, sir.

REP. CARTER (2nd):

/rc/ks/dm
HOUSE OF REPRESENTATIVES

89
June 1, 2015

Thank you very much, Madam Speaker. Just a few questions, through you, to the proponent of the amendment please?

DEPUTY SPEAKER ORANGE:

You may proceed.

REP. CARTER (2nd):

Through you, Madam Speaker, I noticed in the underlying bill that we're amending that this amendment takes out a couple of important things. First off I know there's something with respect to the prescription drug monitoring program. Through you, Madam Speaker, what was cut out of there? Why was that changed in the original bill or excuse me, put in this amendment? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker, the prescription monitoring program was also included in the Governor's bill and to avoid a conflict that language was deleted from the amendment so that the Governor's bill could go through with only one set of language governing that particular area.

DEPUTY SPEAKER ORANGE:

/rc/ks/dm
HOUSE OF REPRESENTATIVES

90
June 1, 2015

Representative Carter.

REP. CARTER (2nd):

Thank you very much, and I thank the good Chair for his answer. I'm certainly satisfied with that as we knew the prescription drug monitoring program changed dramatically in the Governor's bill. There's another piece of this bill that I would to complement or comment on with respect to what we're amending.

The underlying bill actually had a piece in it that would allow for doctors to write a prescription and when it got to the pharmacy the patient couldn't substitute - excuse me, the pharmacist couldn't substitute it if that person was on a - had a stable, chronic disease.

Now what that was saying is if you have something that is significant, a chronic disease, and you show up there at the doctor's office - or excuse me, the pharmacy and you were given a brand name product for something. Right now the pharmacist can switch it over to a generic right away. Now that might not sound so bad, but the difference is some generics have a very narrow therapeutic window just as some brand names do.

And if you're already established and you have a chronic disease and you're established on something that works it really doesn't make a lot of sense to allow the pharmacist to switch. Especially given the fact that pharmacists are actually incentivized to switch to generics to save money.

So the part of this bill that we're amending and we're taking out is important. Because it was gonna give the opportunity for the prescription as it stood from the physician to stand. Right now what has to happen is the physician has to write DAW, dispense as written, on that prescription.

But unfortunately our physicians are extremely busy. You know because of all the mandates we put on them they're seein' 30, 40 patients a day. They're runnin' through there. They don't have time to say hey, wait - because they have a long time that they're seeing the patient.

Whereas a pharmacy, they're filling tons of prescriptions, but guess what? They have the opportunity each time to fill that prescription each time while the patient waits. So the onus

/rc/ks/dm

92

HOUSE OF REPRESENTATIVES

June 1, 2015

really should be on the pharmacy not to be switching things.

Now I say that because I understand and I think the Speaker that was involved in this bill in the beginning that this is still a very good thing. It's alive and well maybe for a future year, but it's really worth mentioning that it's something we need to look forward to even though we're cutting out of the bill this year.

So with respect to the amendment as it is, the amendment is good. It makes some good labeling changes, and I certainly hope to have a lot of support next year when we relook at the underlying bill. So I encourage my colleagues to support the amendment. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

I thank you for that, sir. Will care to remark further on the amendment before us? Will you care to remark on the amendment? Representative Srinivasan.

REP. SRINIVASAN (31st):

Good afternoon, Madam Speaker. How are you, Madam Speaker?

DEPUTY SPEAKER ORANGE:

I'm just fine. How are you, sir?

REP. SRINIVASAN (31st):

Thank you very much, Madam Speaker. Madam Speaker, through you, Madam Speaker, just a few questions to the proponent of the amendment -

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. SRINIVASAN (31st):

- for clarification. Thank you, Madam Speaker. Through you, Madam Speaker, Lines 24 through 30, through you, Madam Speaker, in this amendment. So if the pharmacist substitutes a prescription medication to a generic name of the drug, of a brand name drug to a generic, through you, Madam Speaker, would the pharmacist be able to do it if he or she so chooses? Or will it require the authorization verbal, written by the health care provider? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker, it's my understanding that existing law gives the authority of a pharmacist to change to a generic as long as

it's the same strength drug, it's less of a cost, and usually there are collaborative agreements between the physicians and the pharmacies. So under those conditions they would have authority to do it. If the pharmacist of course marked on the prescription do not change or something similar then the pharmacist is not have unilateral discretion.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So, through you, Madam Speaker, if I'm hearing the good Representative correctly, what I understand is the switch from a brand to a generic is not what we're discussing today because that already exists? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker, that is correct.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker, and I want to thank the good Representative for that clarification. So what we're doing here in Lines 24 through 30 is if the brand name is substituted by a generic name we are adding all the other information about the generic product, through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker, that is correct.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker, and I too rise in strong support of this amendment. So that people when their medications are switched from a brand name to a generic they have information that they can go to and find out if they have concerns, if they have any adverse reactions. And I hope that my colleagues on both sides of the aisle will support this bill as amended. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir. Will you care to remark further on the amendment before us? If not, let me

/rc/ks/dm
HOUSE OF REPRESENTATIVES

96
June 1, 2015

try your minds. All those in favor, please signify
by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

All those opposed, nay. The ayes have it. The
amendment is adopted. [gavell] Will you care to
remark further on the bill as amended? Will you
care to remark further on the bill as amended?
Representative Morin.

REP. MORIN (28th):

Thank you, Madam Speaker. And Madam Speaker, I
just, you know, have been doin' a little reading on
this and I have a question or two for the
proponent.

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. MORIN (28th):

Thank you, Madam Speaker. As I read through
this I'm trying to get a bit of understanding as
the specificity of generic drugs having all this
information given versus name brand drugs. Is there
a reason that it's just specific to the generic
form?

/rc/ks/dm
HOUSE OF REPRESENTATIVES

97
June 1, 2015

DEPUTY SPEAKER ORANGE:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker, most people tend to be more familiar with brand name drugs and they're easier to identify and locate. But many generics are made by different manufacturers. And so the testimony that we had during public hearings is that often times, especially seniors, when drugs are substituted they forget what the brand was for which it was substituted. This will give them additional information so that if they need to go back to a brand they remember what it was that was substituted initially.

DEPUTY SPEAKER ORANGE:

Representative Morin.

REP. MORIN (28th):

Thank you, Madam Speaker, and I appreciate that answer. I guess I know when I'm getting - I'll just use - I won't name my pharmacy, but when I get a generic prescription through them, I mean, there's more information that's produced on that one bag than anyone could possibly need. But it's there for you to read and go through it.

And is that something that is probably just not done at other pharmacies to give people information? And I guess to follow up as well, all these medicines that we get, whether they be name brand or generic, are they not approved and deemed safe? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, to my knowledge generics should be approved and safe for the consumer and patient. But not all the time is the information listed.

And you can have an example where somebody is taking drugs for a year and then they forget what the brand name was and maybe there's a switch that's necessitated but the family and the consumer just forgets, and so it creates confusion. So we were subject to testimony that suggested strongly that we put that information in the label or packaging.

DEPUTY SPEAKER GODFREY:

Representative Morin.

REP. MORIN (28th):

/rc/ks/dm
HOUSE OF REPRESENTATIVES

99
June 1, 2015

Thank you, Mr. Speaker, and I do appreciate the well thought out response that I received. I guess what I would say is if it's good for one it should be good for all, and I would hope that there would have been some thought given that, you know, all information regardless if it's a name brand or generic should be easily accessible just because we might assume that somebody knows that whatever name brand is produced by whatever company.

It just seems to me like we're not picking on, but highlighting one specific group of providers. I'm not gonna go on any further. I do appreciate the good answers I've received, but for me I would just wonder why we don't have everyone that provides drugs have that information on the form so regardless - because people do forget. I thank you for your time, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Representative Orange.

[laughter]

REP. ORANGE (48th):

/rc/ks/dm
HOUSE OF REPRESENTATIVES

100
June 1, 2015

Thank you, Mr. Speaker. Through you, Mr. Speaker, just - well actually not through you. I'm just gonna make a statement. This is a good bill. As Representative Baram, the good Chairman of the General Law Committee stated that a lot of elderly people or people that are fixing medications for a family member for a week or whatever are more familiar with the brand names than the generic name or the generic name could be changed.

So this is actually a really good bill, and I urge its support. And I also would like to stand here and thank the ranking member, Representative Carter, for bringing out the portion of the bill that is now missing. It is - I just wanna thank him for doing that because it is a very important bill - piece to the bill that is missing and it has to do with switching medications from name brand to name brand.

So we'll be seeing that next year as we do have a commitment to work on that with the department over the off session months. So I thank you, Representative Carter, and I thank you Representative Baram. You're such a very good

/rc/ks/dm
HOUSE OF REPRESENTATIVES

101
June 1, 2015

Chairman, and all your bills are good bills. So I urge my colleagues to support the bill. Thank you.

DEPUTY SPEAKER GODFREY:

Questions on passage. Are you ready for the question? If so, staff and guest, please come to the Well of the House. Members, take your seats. The machine will be open.

CLERK:

[bell ringing] The House of Representatives is voting by roll. The House of Representatives is voting by roll. Will members please report to the Chamber immediately.

[pause]

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If all the members have voted the machine will be locked, and the Clerk will take a tally. [pause]

And the Clerk will announce the tally.

CLERK:

Senate Bill 28 as amended by Senate "A" and in concurrence with the Senate

/rc/ks/dm
HOUSE OF REPRESENTATIVES

102
June 1, 2015

Total Number Voting	144
Necessary for Passage	73
Those voting Yea	144
Those voting Nay	0
Absent and not voting	7

DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed in
concurrence. [gavel] Mr. Clerk, please call
Calendar 664.

CLERK:

House Calendar 664, on Page 42, Favorable
Report of the Joint Standing Committee on
Judiciary, Substitute Senate Bill 949, AN ACT
IMPROVING DATA SECURITY AND AGENCY EFFECTIVENESS.

DEPUTY SPEAKER GODFREY:

Distinguished Chairman of the Government
Administration and Elections Committee,
Representative Jutila.

REP. JUTILA (37th):

Thank you, Mr. Speaker. I move acceptance of
the Joint Committee's Favorable Report and passage
of the bill.

DEPUTY SPEAKER GODFREY:

**S - 686
CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2015**

**VOL. 58
PART 8
2311 – 2667**

/dd
SENATE

85
May 29, 2015

Page 33, Calendar No. 232, Substitute for Senate Bill
No. 28, AN ACT CONCERNING MANUFACTURER NAMES AND
MEDWATCH REPORTING INFORMATION ON GENERIC DRUG
CONTAINERS, THE ELECTRONIC PRESCRIPTION DRUG
MONITORING PROGRAM AND PHARMACIST CHANGES TO
PRESCRIPTION DRUGS DISPENSED TO CERTAIN PATIENTS,
Favorable Report from the Committee on General Law.

THE CHAIR:

Senator Leone. You have the floor, sir.

SENATOR LEONE:

Thank you, Madam President. Good to see you again up there today. Madam President, I would move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Motion is acceptance and passage. Will you remark, Senator?

SENATOR LEONE:

Thank you, Madam President. There is an amendment, so I would ask the Clerk, who is in possession, and call LCO Amendment 8506,, please.

CLERK:

LCO No. 8506 will be designated Senate Schedule "A."

THE CHAIR:

The Clerk has called the amendment. The Senator has asked leave to summarize. You may proceed, sir.

SENATOR LEONE:

Thank you, Madam President. I would also move the amendment.

THE CHAIR:

Motion is adoption. Sir, will you remark?

/dd
SENATE

86
May 29, 2015

SENATOR LEONE:

Thank you. Madam President, this is a bill that started out as a larger concept on a few different levels on the reporting of the generic drug containers, also the electronic prescription monitoring program, and also the ability for pharmacists to change dispense drugs to certain patients. But given the fact that there was still some concerns as we were working the bill, this bill has been scaled back substantially.

So this is a strike-all bill that, in essence, allows that any brand-name drug that is on a label, if it were to be substituted with a generic name, that generic name would also be on the label. And in addition to that, all the subsequent information then could go on to a receipt attached to the prescription. And it really broke down to the scarce availability of real estate on the label. There was only so much information that can go on a label for any kind of pill box.

So in an attempt to provide some more information to patients in a clearer way, we wanted to make sure that they have the ability to know what drug is relevant if it is to be changed when it's a generic drug. And again, any additional information could then be either on the label or on the receipt for the label. So this has been scaled back in a way to still provide information to the patients and also to take in the concerns of the pharmacists and the manufacturers that also provide these drugs that're so necessary.

And I do wanna thank the ranking member and the Committee members who were working diligently to try and get this information out. And if there's a way to improve it, we can do so in the future. But at this point in time, it's about making sure that the label information is available to patients. Through you - and I would urge support of this amendment for the underlying bill.

THE CHAIR:

/dd
SENATE

87
May 29, 2015

Thank you, Senator Leone. Will you remark? Senator Witkos.

SENATOR WITKOS:

Yes. Good afternoon, Madam President. I rise in support of the amendment. And just - I'm saddened that part of the amendment didn't incorporate some of the original language because I thought it really went a long way to protect patients in that it would prohibit a pharmacist from changing from a brand-name to a generic name without consent of the doctor. And I thought that was the original purpose of the bill.

And I understand there's a lotta folks that have some - a lot of interest in this from those providing protections through the MedWatch that people can call in for potential overdoses, interactions of the medications to the pharmacist, to the patients themselves, and the doctors that write the scripts.

So I understand it may take us a few years to get there but I think we're on the right track with the amendment by clarifying all these warnings and what's put on the label and notifications to the people that actually take the medication to get themselves better. So I do stand in support of the amendment. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Witkos. Will you remark? Senator Boucher. You have the floor, madam.

SENATOR BOUCHER:

Thank you very much, Madam President. Madam President, I have a question if I could to the proponent of the bill.

THE CHAIR:

Please frame your question, madam.

SENATOR BOUCHER:

/dd
SENATE

88
May 29, 2015

Yes. Through you, Madam President, what was the impetus for this particular bill and for the change? Particularly as it regards to the previous remarks of our State Senator Witkos. Through you, Madam President.

THE CHAIR:

Thank you, madam. You have the floor, Senator Leone.

SENATOR LEONE:

Thank you, Madam President. And I appreciate the question from my good colleague, Senator Boucher. We were attempting to go a little bit further but because the legalities between brand drugs versus generic drugs and trying to get language that passed all the legal muster and making sure we addressed all the concerns, we were unable to cross that threshold at this point in time with the understanding that we will continue to work those issues. As mentioned by the ranking member, we would hope to find the resolution to get to that point. But at this - we're not at that stage and that's the reason why the bill is as amended. Through you, Madam President.

THE CHAIR:

Thank you, sir. To you, Senator Boucher.

SENATOR BOUCHER:

Thank you so much, Madam President. I certainly appreciate the response. I share Senator Witkos' concern about the switching from generic or from brand-name to generic. Because, although I think that all of us have experienced no problems with a generic brand, particularly when it involves an antibiotic particularly. But I also have experienced and many of our family members have friends have experienced dramatic difference between oftentimes the generic and a very specialized drug for certain issues.

So further, through you, Madam President, to ask the proponent, the - there - it sounds like there were legal issues, maybe prohibitions that wouldn't allow for us to move in the direction that we were just

/dd
SENATE

89
May 29, 2015

discussing? Through you, Madam President, if I could verify that that - what were the legal issues? I think or if he could frame maybe what some of those legal issues were. Through you, Madam President.

THE CHAIR:

Thank you, Senator Boucher. You have the floor, Senator Leone.

SENATOR LEONE:

Thank you, Madam President. Currently, if a patient has a brand name, the prescription can be changed with a generic brand. And this amendment would also state that that generic brand is now on the label with the brand name, so that the users will know that generic name is referencing the original brand.

But you cannot change the brand with another brand if the brand is not similar. And coming online now, different brands are not able to be generic in nature because they are now biologically different. And so it's no longer a brand to generic. It is a brand to a brand.

Those're the issues that we have not been able to figure out the resolutions at the moment. So in an essence to get a bill out, this is where we are. Through you, Madam President.

THE CHAIR:

Thank you, Senator Leone. You have the floor, Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President. And again, I thank my colleague and good friend, Senator Leone, for the answers. And it speaks to the fact that, as State Senators, one learns a great deal about many multiple subjects even those in the medical field without having to have an MD after their name.

So I do appreciate the information. It has been very educational in nature. And I know that most of us

/dd
SENATE

90
May 29, 2015

will be supporting this underlying bill once we get this amendment passed. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Boucher. Will you remark further? Will you remark further? If not, I will - Senator Martin.

SENATOR MARTIN:

Thank you, Madam Chair. Just a couple questions for the proponent of the bill.

THE CHAIR:

Please frame your question, Senator.

SENATOR MARTIN:

I'm just curious - the - what was the - what's the intent of including all this information on the labeling?

THE CHAIR:

To Senator Leone. You have the floor, sir.

SENATOR LEONE:

Through you, Madam President, the only additional language on the label that would be mandated is the generic name if the brand were substituted. All the additional information could either be on the label or added to the receipt. But that is in Section (b), all the additional information.

So obviously all that information may not be possible to go on the label. So that additional information will go on the receipt which, when you get a prescription and you go the pharmacy and they staple to the bag usually a receipt that explains what the drug is, what the side effects are. This would be additional information that could go on that receipt. But on the actual label itself of the bottle, if there's a brand and then you substitute it with a generic name, both names should be on that label.

/dd
SENATE

91
May 29, 2015

THE CHAIR:

Thank you.

SENATOR LEONE:

Through you, Madam President.

THE CHAIR:

To you, Senator Martin. You have the floor.

SENATOR MARTIN:

Just so that I'm clear, Madam President, that - so if you're changing - you're substituting the drug to the generic. The generic will be placed on the bottle.

THE CHAIR:

To you, Senator Leone. You have the floor.

SENATOR LEONE:

Through you, Madam President, yes. Both the generic name and the brand name. And the reason for that is so if the generic names continue to change as they are, say, covered by insurance, the patient will always know what the original brand name was 'cause it's very possible that you could lose track of brand - generic names as to what the original drug were. So the intent was you would understand what the generic name we're substituting. Through you, Madam President.

THE CHAIR:

Thank you. To you, Senator Martin.

SENATOR MARTIN:

Thank you, Madam Chair. That's all the questions I have. Thank you.

THE CHAIR:

/dd
SENATE

92
May 29, 2015

Thank you very much. Will you remark further on Senate Amendment "A?" If not, I will try you minds. All those in favor, please indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

Those opposed, nay. The ayes have it. [gavel] The amendment is adopted. Will you remark further? Senator Leone.

SENATOR LEONE:

Thank you, Madam President. If there is no objection, I would move to place this item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir. Mr. Clerk, page 28.

CLERK:

Page 28, Calendar No. 591, House Bill No. 5027, AN ACT CONCERNING COTTAGE FOOD PRODUCTION, Favorable Report from the Committee on the Environment.

THE CHAIR:

Senator Kennedy. You have the floor, sir.

SENATOR KENNEDY:

Thank you, Madam President. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Motion is acceptance and passage. Sir, will you remark?

SENATOR KENNEDY:

/dd
SENATE

166
May 29, 2015

SENATOR DUFF:

If the Clerk could now read the items on the Consent Calendar and we may have a vote on Consent Calendar No. 1.

THE CHAIR:

Mr. Clerk. Would you first read the Consent Calendar.

CLERK:

Page 8, Calendar No. 449, House Bill 6863; page 12, Calendar No. 491, Senate Bill 795; page 20, Calendar No. 539, House Bill 6118; page 23, Calendar No. 563, House Bill 6738; page 26, Calendar No. 579, House Bill 5174; page 28, Calendar No. 591, House Bill 5027; page 31, Calendar No. 145, Senate Bill 1002; page 33, Calendar No. 232, Senate Bill 28; page 38, Calendar No. 429, Senate Bill 1033; and page 22, Calendar No. 551, House Bill 6805.

THE CHAIR:

All correct? At this time, call for a roll call vote on the Consent Calendar. The machine will be opened.

CLERK:

An immediate roll call vote has been ordered in the Senate. An immediate roll call vote on Consent Calendar No. 1 has been ordered in the Senate.

[pause]

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. And Mr. Clerk, will you please call the tally on the Consent Calendar.

CLERK:

Consent Calendar No. 1

Total Number Voting 36

/dd
SENATE

167
May 29, 2015

Necessary for Adoption	19
Those voting Yea	36
Those voting Nay	0
Absent/not voting	0

THE CHAIR:

The Consent Calendar passes. [gavel] Senator Duff.

SENATOR DUFF:

Thank you, Madam President. And we're getting out at 10 after 10. Isn't that pretty good -

THE CHAIR:

Hey, it's early.

SENATOR DUFF:

- today? It's not the next day, so that's good. And so I wanna thank everybody for their help and patience and attention today. It is our intention tomorrow to come into session. We will caucus at 10:00 and come in at 11:00.

And if the Senate Democrats can have - we're gonna have a quick caucus for five minutes right after we adjourn, so I can ask everyone to please come in for five minutes, very briefly. We'll have a few things to discuss.

And again, please everybody be on time tomorrow at 10:00 for the caucus. And we'll get on hopefully at 11. And I would urge everybody to have a safe drive home tonight. And I will yield to any points.

THE CHAIR:

Any points of personal privilege? Senator Fasano. Senator Fasano,, please.

SENATOR FASANO:

Thank you. Madam President, I rise for an announcement.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**GENERAL
LAW
PART 1
1 – 489**

**2015
INDEX**

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SHEILA MATTHEWS: So do I press this? There we go.

I'm Sheila Matthews from Able Child. I'm the co-founder. We're a 5013-C non-profit organization and we represent the consumer.

Chairman and General Law committee members, Able Child is here on behalf of the consumer for a proposed bill H.B. 5032 or Senate Bill number 28, AN ACT CONCERNING THE LABELING OF PRESCRIPTION DRUG CONTAINERS.

We would like to see an amendment to this bill or a standalone bill that has all prescription drug labels and containers to include the 1 800 MedWatch phone number so that consumers and all who have direct contact with the product have immediate access to the adverse drug reaction rewarding system regardless of whether that drug is a brand name or a generic.

According to the FDA less than one percent of consumers report adverse events through the MedWatch program. Why? The consumers are unaware of the MedWatch program and its existence and therefore have no access to it.

The FDA wants to hear from the consumers to help keep our drug safety supply safe. This is a great opportunity to incorporate this critical consumer information directly on the container to ensure access and awareness.

According to George W. Merck, President of the pharmaceutical giant Merck, giving a speech at the Medical College of Virginia after Merck's company had just won a Nobel prize for medicine for its discovery of cortisone, a drug that allows people crippled and bedridden with arthritis not only to walk but also to climb

stairs and dance. Mr. Merck said, "We try never to forget that medicine is for the people." Able Child couldn't agree more.

Surely Mr. Merck himself would support our amendment. Prescription drugs are currently responsible for more deaths annually than illegal drugs.

According to Tom Frieden, the CBC Director himself, "It's a big problem and it's getting worse." Out of the 783,936 annual deaths from conventional medicine mistakes approximately 106,000 of those are the result of prescription drug use.

According to the Journal of the American Medical Association 291, 291 people in the United States are killed by prescription drugs every day.

We urge a MedWatch amendment and we welcome the opportunity to work with all involved to protect the consumer and public safety.

Thank you.

REP. BARAM: Thank you very much Sheila.

Are there any questions?

The question I would have, is there any other state that you know of for any other pharmacy company or chain that maybe voluntarily putting this information, this 1 800 number on the labels?

And even though I've had the benefit of chatting with you, for my colleagues could you just briefly explain what MedWatch is? Is it a private organization or is it part of the FDA? Just so people would understand if we did add a

phone number, who are they actually calling and talking to?

SHEILA MATTHEWS: Sure.

The MedWatch program is a consumer reporting program that is -- goes directly into the FDA. It was passed under the cosmetic act because there was -- actually one of the reasons why was mascara was actually causing people to go blind. So the MedWatch system was created under the cosmetic act and it is the safety reporting system for all drugs.

The FDA uses the MedWatch system to regulate the drug companies. If the consumers are not reporting adverse events from drugs, any kind of drug, then the FDA has little evidence to go to the manufactures and say, listen we have a crisis here. There are people dying from -- let's say for my issue which is psychiatric drugs, an increased risk of suicide.

So they use the MedWatch reporting system to regulate the drug companies and make the drug companies put disclosures on their drugs.

So it's run by the FDA.

REP. BARAM: Thank you.

Senator Leone?

SENATOR LEONE: Thank you, Mr. Chairman and good afternoon.

Actually you kind of answered my question. I was more concerned about if this 800 number would be able to handle the inflow of calls once this number gets on these drugs for people who do call into that in a situation of not knowing what to do.

Since it's federal, FDA I'm hoping that they can handle the load and that it doesn't just go into voicemail eternity. So do you know if there are licensed professionals on the end of the line ready to pick up and walk -- walk someone through an emergency?

SHEILA MATTHEWS: Yes. And there's a website already setup. Everything's already set up through the FDA so the 800 number goes directly into the FDA and there are professionals.

I've dealt with the FDA. They're pretty responsive. Again, the FDA wants to hear from the consumer. The FDA is only saying that they only receive one percent of adverse events.

SENATOR LEONE: Thank you.

I -- I think it's a -- a nice idea and hopefully we can work through some resolution.

Thank you.

SHEILA MATTHEWS: Thank you.

REP. BARAM: Just ask if you could provide our clerk the next day or so the number for MedWatch and any website so that my colleagues can go and take a look at the website just to learn more about it.

SHEILA MATTHEWS: Sure.

REP. BARAM: Any other questions?

Thank you very much. We appreciate your time.

SHEILA MATTHEWS: Thank you so much.

REP. BARAM: It's my understanding that the last

AbleChild.org

PARENTS FOR LABEL & DRUG FREE EDUCATION

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Public Hearing 2pm, 1D, February 2, 2015

General Law Committee Members,

My name is Sheila Matthews. I am the cofounder of AbleChild, a 501 (C) (3) organization. Our mission is informed consent regarding psychiatric drugs and psychiatric labels.

AbleChild represents the consumers. We request an amendment to the following bills:

Proposed S.B. No. 28 AN ACT REQUIRING GENERIC PHARMACEUTICAL LABELS TO CONTAIN MANUFACTURER NAMES AND LOCATIONS.

Proposed H.B. No. 5032 AN ACT CONCERNING LABELING OF PRESCRIPTION DRUG CONTAINERS.

to include that all prescription drug labels and containers include the 1-800 MedWatch phone number so that consumers (and all who have direct contact with the products) have immediate access to the "adverse drug reaction" reporting system regardless of whether the drug is a brand name or a generic.

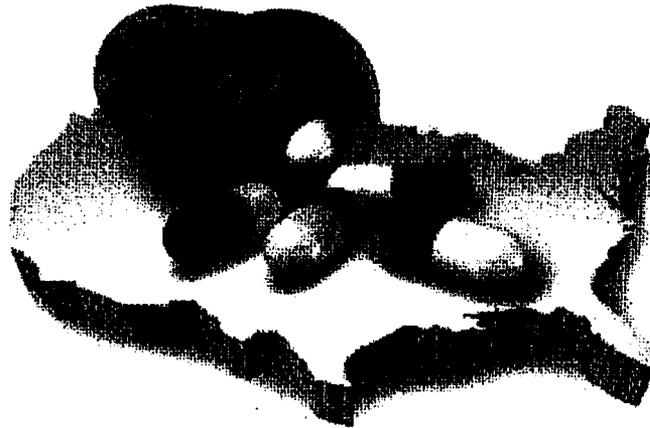
According to the FDA less than 1% of consumers report adverse events through the MedWatch program. Why? The consumers are unaware of MedWatch existence and, therefore, have no access to it. The FDA wants to hear from the consumers to help keep our drug supply safe.

This is a great opportunity to incorporate this critical consumer information directly on the container to ensure access and awareness.

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Mr. Merck said, "We try never to forget that medicine is for the people". AbleChild couldn't agree more. Surely, Mr. Merck, himself, would support our amendment.

Prescription drugs are currently responsible for more deaths annually than illegal drugs. According to Tom Frieden, the CDC director himself, "it's a big problem, and it's getting worse [3]."



Out of the 783,936 annual deaths from conventional medicine mistakes, *approximately 106,000 of those are the result of prescription drug use* [1]. According to the Journal of the American Medical Association, (291), two-hundred and ninety people in the United States are killed by prescription drugs every day [4].

Source: <http://www.collective-evolution.com/2013/05/07/death-by-prescription-drugs-is-a-growing-problem/>

We urge a MedWatch Amendment and welcome the opportunity to work with all involved to protect the consumer and public safety.