



Statement on HB 2689

Dear Chairman Greenlick and Health Care Committee Members:

There are few professionals who are more cognizant of the cost of healthcare and its impact on patients than pharmacists. Whether in an institutional health-system setting or in a community pharmacy, the act of delivering medications and collecting payment is one that pharmacists carry out every day. We are not opposed to proposals that will reduce drug cost, but we are concerned with patient safety. Our drug knowledge combined with our understanding of pharmaceutical manufacturers, insurance companies, and Pharmacy Benefit Managers (PBMs), put us in a position to be experts in understanding the many factors that can affect patient safety. Proposing importation of drugs from Canada will bypass of essential safety checks and likely have little effect on the entities that influence on drug prices.

Pharmacists are acutely aware of the need to address issues related to access to medications. Pharmacists are also aware of what goes into creating this country's secure drug supply chain – one of the safest in the world. Pharmacists are exposed to licensing, safety, regulation, and pharmaceutical pedigree issues to a degree that many other professions do not see or experience.

To that end, we are concerned about the wholesale and retail foreign drug importation proposals in HB 2689. The US medicine supply chain is incredibly complex, and that complexity creates many different cost drivers that ultimately determine the final price a patient pays for medicine. To address this, legislators at all levels have touted dozens of proposals to address those different cost drivers.

However, only foreign drug importation proposals sacrifice patient safety to achieve cost savings. Importation of drugs from Canada compromises the safety and integrity of medication dispensed to U.S. residents.

We have seen top leaders in healthcare publicly oppose foreign drug importation in both wholesale and retail form. These representatives include four former FDA Commissioners¹, the American Pharmacists Association², the Canadian Pharmacists Association³, the American Society of Health-System Pharmacists⁴, the National Association of Chain Drug Stores⁵, the National Association of Boards of Pharmacy⁶, nearly two dozen Canadian patient advocates⁷ and many more American ones⁸, several U.S. state pharmacy

¹ March 2017 as published in the Washington Post

² January 2019, Joint NACDS/APhA position statement regarding foreign drug importation

³ January 2007 letter from Canadian Pharmacists Association, the Ontario Pharmacists' Association, the Best Medicines Coalition, and the Canadian Association for Pharmacy Distribution Management, Letter to Tony Clement, the Canadian Minister of Health

⁴ October 2017 letter to Senate leadership

⁵ Ibid NACDS/APhA joint position statement

⁶ February 2017 Letter to Congress

⁷ March 2017 Best Medicines Coalition position statement on American importation proposals

⁸ February 2017 Partnership for Safe Medicines joint letter to Congress from healthcare advocates

associations⁹, the Canadian Association for Pharmacy Distribution Management¹⁰, and state and provincial boards of pharmacy in the U.S.¹¹ and Canada¹². Canada has a much smaller population than the U.S., and the potential impact on drug pricing may or may not be significantly measurable. Canada has a different healthcare system than the U.S., and the prices they pay is a result of their single payer system, rather than some special pricing method. If Canada is shipping drugs to the U.S., the pharmaceutical companies can simply raise prices in Canada or pressure Canadian pharmacies to not trade with the U.S.

The reasons for concerns regarding safety include the following: a lack of likely cost savings, the inability to ensure safety, the irreversibility of damage to patients of inevitable counterfeits, the inability to hold foreign criminal actors accountable when they traffic in counterfeits, a potential additional liability for dispensing a counterfeit medicine that harms a patient, and the loss of integrity in the Drug Supply Chain Security System known commonly as “track and trace.” These are problems with any foreign drug importation proposal, and they are systemically a piece of any proposal that attempts to include unregulatable foreign entities in the pharmaceutical supply chain.

The reporting requirements of section 4 would also add costs to the program and reduce the savings to the patient. These requirements are innovative but the process and cost of this kind of health plan reporting is unknown.

Although the drug-importation proposal is a well-meaning policy aimed at enhancing consumer access to medications, a goal we fully support, the unintended consequences outweigh any potential benefit. We stand ready to work with the committee to find other solutions that address medication cost without sacrificing patient safety.

The Oregon Pharmacy Coalition

[note, you can find all the letters referenced at: <https://www.safemedicines.org/opposing-drug-importation-2000>]

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⁹ Ibid.

¹⁰ January 2007 joint letter (above)

¹¹ March-June 2017 Letters opposing importation from state boards of pharmacy (AZ, CA, KY, LA, OK, VA, WV)

¹² March-April 2017 Letters opposing importation from provinces of Newfoundland and Labrador and Manitoba.