

Testimony of Shabbir Imber Safdar
Executive Director, Partnership for Safe Medicines
March 9, 2021 - SB 2209/2212 (Opposed)

I am testifying to explain my concerns with and opposition to SB 2209 and SB 2212 which implement and study Canadian drug importation. I am Shabbir Imber Safdar, the Executive Director of the Partnership for Safe Medicines, a seventeen-year-old not-for-profit that accepts no corporate members or donations. Our members are other nonprofits and trade associations that represent manufacturers, wholesalers, pharmacists, and patients—everyone that touches medicine from the factory floor to the patient.

I believe both bills should be combined because it doesn't make sense to study something you're implementing, but ultimately the idea is simply not safe or implementable.

Both bills are about trying to reduce prices of medicine by implementing bulk imports of Canadian medicine. The goal here is laudable: everyone wants to address healthcare costs. But the time and money we spend on proposals like this stalls more practical solutions.

Here's the problems with Canadian drug importation. For a more thorough explanation please see my written testimony.

Canada has no track and trace system

Canada doesn't have a track and trace system, so any medicine bought, even from a licensed Canadian wholesaler is not as secure as what we have in America. If you were today to go to Canadian law enforcement and ask them to trace who has handled a medicine, they could not tell you.

In the US, even though Track and Trace is not fully implemented, HHS has shown that they in many cases are able to identify every handler of medicine from the factory floor to a dispenser.

It isn't a bargain to get a cheaper medicine that you have to worry about whether its real. That's not a bargain. Nobody deserves medicine which they have to wonder is safe.

I have heard some people say that this is safer than people buying over the internet. It is definitely not safe to buy over the internet. But experts from the American Pharmacists Association to the National Association of Boards of Pharmacy to the National Sheriffs Association all agree that these schemes to buy medicine from Canada are not safe.

Canada has prohibited this practice

Canada doesn't make most of its own medicine and has enormous drug shortages. Therefore, late last year, the Canadian federal government put in place a ban on exporting medicine. Canadian pharmacists, wholesalers, and patients have all stated they are opposed to Americans taking their medication. In fact a representative of the Canadian hospital pharmacists testified to the North Dakota Senate that they were vehemently opposed to this legislation and would do everything possible to stop it.

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The goal of reducing the cost of medication is one everyone shares. And there are ways other states have found to do it. For one, increasing generic utilization has been a big win for many states. Also, lots of states are finding that PBMs have been taking a lot of money out of the pockets of patients and state run health programs. West Virginia saved \$54mm by removing their PBM from the state Medicaid program.

The money spent on this program will go to develop something that can never be implemented because of the objections of the Canadians and the safety issues. I urge you to focus on these other ideas that have actually provably shown savings.