General Law Committee
JOINT FAVORABLE REPORT

Bill No: SB-227 / Bill Status / Public Hearing Testimony
Title: AN ACT CONCERNING PRESCRIPTION DRUGS AND OVER-THE-COUNTER DIET PILLS AND SUPPLEMENTS.
Vote Date: 3/16/2026
Vote Action: Joint Favorable Substitute
PH Date: 2/23/2026
File No.:

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SPONSORS OF BILL

General Law Committee

REASONS FOR BILL

Raised Senate Bill 227 combines several pharmacy-related proposals brought to the committee's attention this session:

- **Diet pills and supplements:** In an effort to address the proliferation of eating disorders among young people, the raised bill would have prohibited the sale of diet pills and supplements to people under the age of 18. It also would have banned marketing of these products to this age group.
- **Provider "shield":** The raised bill clarifies existing protections for medical professionals who provide reproductive health care services and gender-affirming healthcare services.
- **Prescription drug monitoring program:** The raised bill would have removed medications such as testosterone from the prescription drug monitoring program with the intent of protecting patient privacy.
- **Prescription protections for providers:** The raised bill would have allowed prescribers of reproductive health or gender affirming medications to include the prescriber's facility name and address instead of the prescriber's name and signature.

SUBSTITUTE LANGUAGE

The substitute language (LCO 3032) makes changes based on feedback received during the committee process. It changes the prohibition on selling diet pills to those under 18 to a task force on that subject. Instead of the term "legally protected healthcare activity," it uses the terms "reproductive health care services and "gender-affirming healthcare services." It removes the provisions about the prescription drug monitoring program, and it limits the labeling changes to drugs that are not controlled substances.

RESPONSE FROM ADMINISTRATION/AGENCY

William Tong, Attorney General, State of Connecticut submitted testimony in support of this bill, which would restrict minors' access to certain products that are advertised to promote weight loss or build muscle. The rise in obesity combined with drugs marketed direct to consumers have created a thriving market for ineffective and unsafe products.

Regarding changes to protect CT health care providers, AG Tong recommends that the Committee move forward because anti-abortion and anti-transgender health care states continue to attack providers who support patients seeking access to safe and legal health care.

Bryan Cafferelli, Commissioner, Department of Consumer Protection (DCP) submitted testimony expressing concerns with the bill as drafted. Section 1 of this bill would make it illegal to sell weight loss supplements to anyone under 18 years of age and would require DCP to impose a fine of $1,000 per violation. The bill establishes carding protocols that are inconsistent with the carding protocols for alcohol and cannabis and does not establish technical requirements for the allowable ID scanning system to ensure that patrons are not presenting fake identification. The Department would need additional positions not allocated for in the Governor's budget to enforce the provisions outline in this bill.

External Affairs Division, State of Connecticut Judicial Branch takes no position on the policies furthered by the bill. However, as drafted, this proposal has two procedural issues that should be clarified in Section 1.

- It references the release of transaction records by court-ordered subpoena or other applicable law. This wording seems to merge two separate processes: a court order for release and a subpoena. The court does not issue a subpoena for release. The court orders a release of records. There is a separate procedure for subpoenas. Counsel issues subpoenas and self-represented parties can file an application for a subpoena to issue.
- It allows the commissioner or Attorney General to apply for temporary or permanent injunctions. It would be helpful to clarify whether the commissioner or Attorney General has the authority to apply for an *ex parte* injunction and whether the court has the authority to issue such an injunction.

NATURE AND SOURCES OF SUPPORT

S. Bryn Austin, ScD, Director of STRIPED submitted written testimony that included the signatures of seventeen (17) senior officers of other companies in support of this bill. They testify that the bill will protect children across CT by prohibiting the sale of harmful over-the-counter diet pills and dietary supplements for weight loss and muscle building to any person under the age of 18. A supplemental fact sheet was also submitted. Their testimony notes that the dietary supplements claim to promote healthy weight loss and muscle building, but they are not required to be tested for safety; not medically recommended and are inadequately regulated by the FDA. There are no age restrictions on the sale of these products. Professor Austin also shared research documenting the dangers of these products.

Ariel Beccia, PhD, Instructor, Department of Adolescent and Young Adult Medicine, Boston Children's Hospital along with 5 other professionals submitted highly similar testimony in support of the bill. They testify that it would protect young people from accessing dangerous diet pills and weight-loss supplements and prevent the aftereffects of these products. They note that these products are often purchased on an impulse without clear understanding of the potential harm, and they argue that young people are less equipped to evaluate that risk. Dr. Beccia shared a personal story in support of her testimony.

Douglas Bunnell, Ph.D., and Margo Maine, Ph.D. both clinical psychologists and Dr. Jessica Addison submitted similar testimony in support of the bill, stating that these drugs are dangerous for children and adolescents who are vulnerable to marketing messages that target their body concerns. They testify that eating disorders develop in childhood and adolescence, and for many the triggering event is a diet. According to these professionals, exposure to messages and flashy advertisements encouraging weight-loss and dieting, along with easy access to these products, makes young people more prone to developing eating disorders. Both Dr. Bunnell and Dr. Maine shared stories of people that were treated for eating disorders that began with over-the-counter diet pills and supplements.

Tenzin Dhondup, a senior at Yale University and public health student submitted testimony in support of the bill as it would protect young people from harm. They state that many of these products are widely available online and in stores and often marketed as natural and safe. They note that many contain stimulants or other ingredients that can affect heart rate, blood pressure and mental health.

Katelyn Ferreira, a public health professional, and 6 anonymous submissions provided similar written testimony in support of this bill. A few individuals shared their personal experience/story. Ms. Ferreira supports the bill to protect children from harmful diet pills and muscle-building supplements that are readily available for purchase. They note that the FDA has limited power to regulate and does not prescreen dietary supplements before they are marketed. They testify that these pills have been found to contain dangerous ingredients including stimulants and steroids and that researchers have expressed concerns regarding the potential for abuse by people with eating disorders. In addition, Ms. Ferreira shared her personal eating disorder story.

Pieter Cohen, MD, Internist, Cambridge Health Alliance testified in support of the bill because access to accurately labeled safe supplements is essential for physicians. He argues that marketing dietary supplements as if they will lead to safe weight loss is misleading and a disservice to consumers. He notes that investigators from the CDC estimate that adverse events from supplements, particularly weight loss supplements lead to more than 23,000 ER visits each year in the U.S.

TJ Nuccio, Childrens Policy Analyst, CWCSEO submitted testimony in support of the bill, and it included the support of four colleagues. The testimony is similar to the testimony by Dr. Pieter Cohen.

Savannah Kaszubinski, MD, the Connecticut State Medical Society and 19 other professionals and organizations submitted similar testimony in support of S.B. 227. They argue that this legislation strengthens Connecticut's longstanding commitment to protecting both patient access and the physicians who provide reproductive and gender-affirming health

care services. They state that the bill adds a layer of confidentiality and improves protections in an increasingly hostile legal environment. They argue that the bill builds on the progress Connecticut has made to shield patients and reproductive health care and gender-affirming health care providers.

Connecticut State Medical Society recognizes that there may be a need to adjust certain definitions within the bill, such as the term "legally protected health care activity."

GENERAL COMMENTS

Connecticut Hospital Association submitted written testimony expressing general support but outlining some concerns about portions of the bill as drafted. The association is opposed to the term "legally protected health care activity" because that phrasing carries a connotation of making other types of care not "legally protected" in CT. They suggest the phrase "specially shielded health care activity" be used in its place. CHA argues that the bill's language should reflect that the impact is to shield the participation of patients or providers in already legally protected types of healthcare.

Concerns are noted with respect to Sections 3,4 and 5 as follows:

- Changing prescription labels and computer entry order systems to mask prescribers' names will be burdensome and could raise billing, fraud and regulatory record-keeping issues for providers.
- They request adding new language that states "Nothing in Sections 3,4, or 5 of this Act shall be construed to create any liability, whether civil, criminal, professional or otherwise for any institution or person who facilitates a written or electronic prescription that does not use the name and signature of the prescribing practitioner". This is to reduce the risk of penalizing providers who are trying to follow the new mandate.

NATURE AND SOURCES OF OPPOSITION:

Robbie McLuckie, Director and Carlos Gutierrez, VP of State & Local Government Affairs, Consumer Healthcare Products Association testified in opposition to Section 1 of S.B. 227 that regulates the sale of over-the-counter diet pills and supplements for weight loss or muscle building. As drafted, the bill goes well beyond the legislature's commitment to protecting minors and risks creating serious compliance burdens for retailers without a corresponding benefit to public health.
They argue that creatine, green tea extract and other substances that appear in countless everyday products would be captured by the language, despite evidence supporting the benefits of these supplements. McLuckie urges the Committee to revise the bill to:

- Narrow the scope to products explicitly and primarily marketed for weight loss or muscle building.
- Remove the overly broad ingredient-based criteria.
- Limit ID verification to the point of sale only.

Michael Meirovitz, Senior Director, Government Relations, Council for Responsible Nutrition and Wayne Pesce, President, Connecticut Food Association submitted testimony expressing concern about Section 1 as it would prohibit the sale of safe, federally

regulated weight management and muscle-building dietary supplements to consumers under the age of 18. They argue that this policy would inflict unintended consequences to Connecticut's consumers and overall economy. Meirovitz testifies that the dietary supplement industry accounts for over $1.2 billion in Connecticut's economy, nearly 2,500 jobs, and $195 million in tax revenue. Both organizations express concerns about the health risks of eating disorders but believe restricting access to regulated supplements is not evidence-based. However, they argue that targeting safe and federally regulated products is not a viable solution.

David Reynolds, Associate Director, Connecticut Catholic Conference submitted testimony in opposition to Sections 2 through 5 and urges the Committee to remove these sections. He writes that the issues raised by the proposed language go beyond the Catholic Church's opposition to abortion and gender-affirming care. Reynolds argues that this bill would expand protections for providers of gender-affirming care for minors and the legislature would be ignoring rapidly changing medical research concerning gender-affirming care. He states that numerous current studies have revealed that the use of hormones, puberty blockers and surgeries have failed to aid minors suffering from gender dysphoria. Reynolds objects to Section 2's extension of shield protections, arguing that legislators should not encourage unlawful behavior. He adds that sections 3-5 open the door for abuse by a facility or medical group that may decide to prescribe drugs without an actual doctor's authorization, stating that the prescribing physician's name on medicine bottles has long been standard practice and should not be changed.

Ed Schreiner, Jr., VP Network Development, Northeast Pharmacy Service Corporation submitted testimony opposing the bill as written. The bill proposes prescription requests to include the name and address of the prescribing and dispensing health care practice instead of the name of the prescribing practitioner. Under this proposal the pharmacist has no reliable means of promptly and directly contacting the practitioner responsible for issuing the order. The proposed bill raises the following concerns:

- Creates significant patient safety and barriers to timely communication between pharmacists and prescribers.
- Directly conflicts with existing Pharmacy Benefit Manager contractual requirements governing prescriber identification.
- Current management software is designed to print the prescriber's name on the prescription label. This legislation would require pharmacy software vendors to modify their systems creating operational and financial burdens for pharmacies and software vendors.

Kyle Turk, VP, Government Affairs Natural Products Association and Robert Marriott, VP Regional Government Affairs, American Herbal Products Association submitted similar testimony opposing the bill because restricting consumer access to lawful dietary supplements without evidence of causation will not protect minors and may unintentionally stigmatize safe, widely used products. In contrast to other submitted testimony, Mr. Turk offered the following:

- This is not an unregulated marketplace.
- Dietary supplements are already subject to a comprehensive federal framework.
- There is no evidence linking lawful supplements to eating disorders.

Leslie Wolfgang, Director of Public Policy, Family Institute of Connecticut Action and 3 anonymous individuals submitted testimony opposing the bill because gender affirming care is not settled science; Wolfgang testifies that lawsuits and malpractice claims are increasing, and she writes that Connecticut already disrespects the laws of other states with existing shield laws. She expresses objection to provisions regarding gender-affirming care, stating that gender dysphoria doctors may affirm a child's belief that they are born in the wrong body and propose puberty blockers or prescribe lifelong synthetic hormones. According to Wolfgang, these can cause infertility or individuals can be subjected to irreversible surgeries. She argues that Connecticut appears to be protecting physicians who violate the laws of other states rather than the state's families.

Reported by: Jacqueline Olsen **Date: March 20, 2026**