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April 22, 2025

Dear Chairman Mullica and Members of the Senate Health Committee:

I am writing as a private citizen in strong support of SB25-289, the Creation of a Drug Donation Program. In my faculty role, I had the privilege of chairing the Task Force established by SB22-098 in 2022. Through that process, we convened and collaborated with a wide range of stakeholders—including national experts on drug donation programs—to understand best practices and assess the feasibility of implementing such a program in Colorado.

As a pharmacist, I have witnessed firsthand how difficult it can be for patients to afford their medications. Many of these individuals either lack health insurance, have inadequate coverage, or are enrolled in high-deductible health plans that still leave them with substantial out-of-pocket costs. According to the Colorado Health Institute, 9.7% of Coloradans were unable to fill a prescription in 2021 due to cost—a stark reminder of the financial barriers many face in accessing essential medications.

At the same time, we see an alarming amount of waste. Hundreds of medications go unused and are ultimately destroyed—often in settings such as nursing homes, assisted living facilities, and correctional institutions. These are medications that could safely benefit others in need if a proper infrastructure were in place.

The task force recommended the creation of a statewide drug donation and re-dispensing infrastructure to help address this dual challenge of medication waste and access. While we recognize that a fully funded program is not financially feasible at this time, SB25-289 is a critical first step. This legislation establishes a safe and structured mechanism for the donation of unused medications, allowing them to be re-dispensed to individuals who need them most.

Importantly, the bill includes strong safeguards. Only medications in original, unopened packaging—or packaging that clearly shows any signs of tampering—will be eligible for donation. Controlled substances are explicitly excluded from the program, ensuring public safety while expanding access.

This is a thoughtful, responsible approach to a real and pressing issue, and I urge your support of SB25-289.

Sincerely,

A handwritten signature in black ink, appearing to read "Gina D. Moore", with a horizontal line extending to the right.

Gina D. Moore, PharmD, MBA

Associate Professor

Senior Associate Dean for Operations and Regulatory Affairs



To:

**Senator Kyle Mullica, Chair**  
**Senate Health and Human Services Committee**  
**04.17.2025**  
**Re: Support for SB25-289, Creating a Drug Donation Program**

Dear members of the Senate Health and Human Services Committee,

The American Diabetes Association is pleased to support SB25-289, legislation to create a drug donation program in the state of Colorado. This legislation will allow for the facilitation and the safe acceptance and re-dispensing of critical lifesaving medications for those who are under and uninsured, which are some of our state's most vulnerable populations.

The American Diabetes Association's mission is to prevent and cure diabetes and to improve the lives of all people living with diabetes. There are over 300,000 Coloradans living with diabetes, and many require daily medications to live and thrive with their condition. Unfortunately, having timely access to that medication isn't always a guarantee.

When people with diabetes go without their needed medications, they may begin to ration them, and they can become very sick very quickly. This not only prevents them from participating in everyday activities like work and school, but it can also increase the risk of acute diabetes complications, including diabetic ketoacidosis, seizures, diabetic coma, cerebral edema, and death.

Overtime, the rationing of medications can lead to long-term diabetes complications, such as blindness, lower-limb amputations, heart disease, stroke, kidney disease, and premature death.

Simply put, people need reliable access to their medications in a timely manner, and Senate Bill 289 can meet the needs of people with diabetes to fill this gap when they either run out of their medication, there is drug shortage for a medication they need, they're unable to afford their medication, or their medication has expired.

SB25-289 not only will improve access to lifesaving medications for our most vulnerable populations, but it will also decrease waste in the healthcare system while lowering general healthcare costs. It is a win-win for our state.

We ask that you vote yes on SB25-289 for the health of all Coloradans. Thank you for your time and consideration.

Sincerely,

Christine Fallabel, MPH

A handwritten signature in black ink, appearing to read 'Christine Fallabel', written in a cursive style.

Regional Director, State Government Affairs  
The American Diabetes Association  
[cfallabel@diabetes.org](mailto:cfallabel@diabetes.org)



COLORADO  
PHARMACISTS  
SOCIETY

**Colorado Pharmacists Society**

303 E. 17th Ave Suite 400  
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April 22, 2025

Dear Chairman Mullica and Members of Senate Health Committee,

**The Colorado Pharmacists Society is in support of SB25-289.** CPS has been involved with the efforts around this issue and effort in different ways for the past 4 years, including providing much input and stake-holding on the 2024 bill SB24-061, the original bill SB 22-98, and also participating officially and fully in the taskforce that was created by SB22-098.

As pharmacists on the front lines, we directly see patients struggling to afford their medications, or simply NOT taking them due to cost. So, there is nothing worse than having to then dispose of unused medications.

Although we believe that the ideal legislation would guarantee sustainability and funding to make a program successful, we appreciate the effort to at least legally create the infrastructure for drug donation and redispensing to exist in CO, with guardrails on safety and liability.

Ideally, in the future -with funding- we could ensure a program in CO that can sustainably make a difference (ie scaled and broad enough to be impactful and long-lasting) with the key being a program that is centralized and funded. Considering multistate partnerships may also be a viable option.

Thank you for taking the first step with SB25-289. We ask you to vote yes.

Regards,

**Emily Zadvorny, PharmD, BCPS**

Executive Director, Colorado Pharmacists Society  
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**TO:** Colorado Senate Health and Human Services Committee

**Date:** April 21, 2025

**Subject:** SB25-289, "Creation of a Drug Donation Program"

**Testimony:** Submitted electronically (<https://www.leg.state.co.us/clics/clics2025A/commsumm.nsf/NewSignIn.xsp>)

Committee Members, thank you for providing the opportunity for public comment. I am commenting as a private citizen about **SB25-289, "Creation of a Drug Donation Program"**.

I understand the reasons this bill was proposed in the past, and is being proposed now. However, I do have concerns about the following general areas:

- The definition of "donor".
- The quality and safety of the medicine being donated.
- The lack of transparency and safeguards with respect to protected health information (PHI), along with the lack of mention of the HIPAA Privacy Rule issued by the U.S. Department of Health and Human Services.

#### **Definition of "Donor", Safety, and Chain of Custody**

Page 7, lines 3-4: "(d) (I) "DONOR" MEANS ANY PERSON LEGALLY AUTHORIZED TO POSSESS MEDICINE, INCLUDING AN INDIVIDUAL MEMBER OF THE PUBLIC...."

As written, this allows any member of the public to donate medicine. Areas of concern:

- No way of knowing if the medicine was stored appropriately in a temperature-controlled and clean environment and is still safe to use, even if it is not past its expiration date.
- No requirements for the safe receipt and storage of medicine by the donation recipient, or any subsequent donation recipients.
- No chain of custody for a specific donor's donation(s) after a medicine is repackaged. Indeed, legal liability is waived on page 4 of the bill.

Note that the U.S. Food and Drug Administration states that drugs donated by individuals for humanitarian relief efforts "may not meet the requirements for use", "there should also be assurance of the drug's safety, effectiveness, and product quality", and "firms are required to demonstrate that their manufacturing processes reliably produce drug products of expected identity, strength, quality and purity, as well as demonstrate that these products are properly transported and stored."

Reference: "Questions and Answers for the Public", <https://www.fda.gov/media/80536/download>.

#### **Individual Donor Confidentiality and Protected Health Information**

Page 9, lines 11-13: "(b) PRIOR TO THE FIRST DONATION FROM A PERSON, A DONATION RECIPIENT SHALL RECORD THE PERSON'S NAME, ADDRESS, PHONE NUMBER, AND LICENSE NUMBER, IF APPLICABLE...." and,

Page 9, lines 19-23: "(III) IF APPLICABLE, CONFIRM THAT THE PERSON AGREES TO REMOVE OR REDACT ANY PATIENT NAMES AND PRESCRIPTION NUMBERS ON DONATED MEDICINE OR TO OTHERWISE MAINTAIN PATIENT CONFIDENTIALITY BY EXECUTING A CONFIDENTIALITY AGREEMENT WITH THE AUTHORIZED DONATION RECIPIENT...." and,

Page 9, line 27 and page 10, lines 1-4: "(4) A DONATION RECIPIENT SHALL MAINTAIN A WRITTEN OR AN ELECTRONIC RECORD OF DONATED MEDICINE CONSISTING OF THE NAME, STRENGTH, QUANTITY, AND LOT NUMBER, IF KNOWN, OF EACH ACCEPTED OR TRANSFERRED DRUG AND THE NAME, ADDRESS, AND PHONE NUMBER OF THE DONOR OR TRANSFERRING ENTITY...."

As written, there is the potential to compromise the confidentiality of PHI and cause irremediable issues for donors:

- No mention of HIPAA or the HIPAA Privacy Rule.
- No requirement that any “confidentiality agreement” conform to HIPAA requirements.
- No HIPAA agreement between the original donor and a secondary donation recipient, and no requirement for the disclosure of the potential participation in a medicine donation program.
- No requirement that PHI is stored safely and securely, and that all measures are taken to prevent unauthorized access and theft.
- No requirement that all data breaches are reported promptly to the public and the appropriate legal authorities and regulatory agencies. Again, legal liability appears to be removed through the blanket waiver on page 3.
- Potential for misuse by donation recipients, including by entities such as assisted living facilities and nursing homes, which potentially could use PHI received through medicine donations as a reason to reject an applicant for admission to the facility.

### **In Conclusion**

While not discounting the concept behind the proposed bill, I think that there are still serious issues that need to be addressed and resolved. The issues raised in this document are selected examples:

- Individuals should not be direct donors, at least not in the way SB25-289 defines them, i.e. without any restrictions.
- There need to be additional requirements regarding the safety of the donation medicines, and potential chain of custody issues need to be resolved.
- Donor PHI, privacy, disclosure, and HIPAA guidance and rules need to be incorporated.
- A vetted process for safely and securely storing, protecting, and disseminating PHI needs to be incorporated, along with public notification and individual recourse for data breaches.
- The potential for misuse of individual donor and recipient PHI needs to be addressed, with appropriate guardrails, restrictions, notification requirements, and legal remedies.
- Blanket legal liability waivers seem problematic.

Again, thank you for providing the opportunity for public comment.

Sincerely,  
C. Borthwick  
CO SD 16