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Testimony to the Public Health Committee – March 4, 2019

Raised Bill No. **6543: *An Act Permitting Pharmacists to Prescribe Tobacco Cessation Products***

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Thank you for the opportunity to submit testimony about Raised Bill 6543, an act permitting pharmacists to prescribe tobacco cessation products. My name is Molly Leber and; I am an Associate Director of Drug Use Policy, at Yale New Haven Health and currently serve as the President for the Connecticut Society of Health-Systems Pharmacists.

Tobacco use is the leading known preventable cause of morbidity and mortality in the world, resulting in nearly 6 million deaths and costing billions of dollars annually. CDC reported last month that youth tobacco use has dramatically increased in the last year by over 36%. Connecticut DPH reported that use of vaping products among teenagers has doubled in the past year. People who quit smoking greatly reduce their risk for tobacco-related diseases, including cancer, heart disease, and lung disease, while also prolonging life and improving quality of life. For most patients, quitting smoking is difficult and often requires several attempts; however, the odds of success can be increased with behavioral counseling and pharmacotherapy.

Since 2005, little advancement has been made toward increasing the proportion of patients who receive advice to quit and use evidence-based methods for quitting, perhaps in part because of long wait times for obtaining appointments (e.g., an average of 29.3 days to see a family medicine physician) or other access barriers associated with seeing a prescriber at the time when the decision to quit is made. In January 2017, the U.S. Centers for Medicare & Medicaid Services (CMS) issued an informational bulletin encouraging states to “facilitate easier access to medically necessary and time-sensitive drugs for Medicaid beneficiaries,” including smoking cessation medications. CMS noted that this may “assist patients interested in quitting cigarettes in the community setting without requiring them to contact their primary care providers for a prescription.”

Pharmacists are among the most accessible health professionals; 93% of all Americans live within 5 miles of a pharmacy, and pharmacies have extended hours of operation including weekends and holidays. Americans visit a pharmacy on average 30 times per year, while see their physician on average 3 times per year. Studies of patients with chronic disease reveal they see their pharmacist 5-10 times more per year than their primary care physician. Because pharmacists have frequent contact with patients who receive medications to treat chronic and acute tobacco-induced conditions, they have ample opportunities to discuss the benefits of quitting and provide cessation guidance and support through implementation of the 5 A's (Ask about tobacco use, Advise patients to quit, Assess readiness to quit, Assist with quitting, and Arrange follow-up). Studies relevant to other pharmacy-based clinical services have revealed that a large percentage of patients who seek care at pharmacies do not have a primary care provider, or they seek care after hours when traditional medical settings are closed. A decision to quit smoking is often

spontaneous; therefore, increased access to care at convenient settings could provide substantial patient care benefits. Finally, the pharmacy profession is the only health discipline to launch a national initiative to provide comprehensive tobacco cessation training to all of its graduates, through use of a shared national curriculum designed specifically for pharmacy schools. Most importantly, pharmacists have demonstrated the ability to achieve tobacco quit rates similar to, and in some studies higher than, other health professionals.

Currently, there are 8 states with statutes or regulations for pharmacist prescribing of smoking cessation therapy. Legislation has been introduced in 7 other states, with as many as 8 other states in consideration of proposing legislation. We are proposing specific language that is modeled after the naloxone (Narcan) pharmacist prescribing bill which was passed in 2015, and has been an extremely effective law in increasing the availability of treatment for narcotic overdose (SEE BELOW). The language states a pharmacist may only prescribe a tobacco cessation product if the pharmacist has completed a relevant training program accredited by the Accreditation Council for Pharmacy Education, as is the newly implemented DPH/UConn certificate program.

By increasing options, convenience, and accessibility, patients can receive care and access to effective cessation aids at the venue that best meets their needs. As previously noted, many patients who seek care at a pharmacy do not have a primary care provider or usual source of care to begin with; thus, pharmacies can increasingly become an important liaison for connecting patients with the broader health care system. In addition, recent studies have demonstrated an important role for pharmacists in providing cessation medication counseling and connecting patients with other resources for quitting, such as the Tobacco QuitLine. Pharmacist-prescribed smoking cessation medications can improve patient access, convenience, and cost-effectiveness. Pharmacists are effective when providing cessation support to patients and can serve an important role by connecting quitters with other resources. We look forward to Connecticut pharmacists adding to their public health role within the community by being a cost-effective provider in reducing tobacco use and subsequent tobacco-related diseases.

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### **Proposed language**

#### ***HB 6543: An Act Permitting Pharmacists to Prescribe Tobacco Cessation Products***

*Be it enacted by the Senate and House of Representatives in General Assembly convened:*

**Section 1.** Section 20-571 of the general statutes is amended by repealing and replacing the introductory language and adding the following definition as a new subsection:

As used in sections 20-570 to 30-635, inclusive, unless the context otherwise requires:

...

(27) “Tobacco cessation product” means any drug approved by the federal Food and Drug Administration for use as an aid to tobacco cessation.

**Section 2.** (NEW) (Effective from passage)

- (a) As used in this section, “tobacco cessation product” means any drug approved by the federal Food and Drug Administration for use as an aid to tobacco cessation.
- (b) A person who is licensed as a pharmacist under part II of this chapter may prescribe, in good faith, tobacco cessation products.
- (c) A pharmacist may only prescribe a tobacco cessation product under this section if the pharmacist has completed a relevant training program accredited by the Accreditation Council for Pharmacy Education.
- (d) A pharmacist who prescribes a tobacco cessation product under this section shall be deemed not to have violated any standard of care for a pharmacist.
- (e) The provisions of this section shall apply only to a pharmacist trained in accordance with subsection (b) of this section. A pharmacist shall not delegate or direct any other person to prescribe a tobacco cessation product under subsection (a) of this section.
- (f) The Commissioner of Consumer Protection may adopt regulations, in accordance with chapter 54, to implement the provisions of this section.