



**Testimony before the Public Health Committee  
March 4, 2019**

**HB 6543, AN ACT PERMITTING PHARMACISTS TO PRESCRIBE  
TOBACCO CESSATION PRODUCTS**

**SUPPORT**

Chairman Abrams and Chairman Steinberg; Senator Somers and Representative Petit, and members of the Committee:

My name is Nathan Tinker, and I am Chief Executive of the Connecticut Pharmacists Association which represents more than 1,000 pharmacists, technicians, and students across all sectors of the pharmacy industry in Connecticut. I am submitting testimony in strong support of HB 6543, An Act Permitting Pharmacists to Prescribe Tobacco Cessation Products.

**Tobacco is a leading cause of death, but tobacco cessation aids are effective in helping people quit.**

Although smoking rates have declined in the United States, tobacco use still causes about 480,000 deaths each year.<sup>1</sup> In light of the health consequences, seven in ten current smokers want to quit, and evidence suggests that quit attempts are most successful when supported by evidence-based treatments, including pharmaceutical aids and counseling services.<sup>2</sup> The U.S. Preventive Services Task Force (USPSTF), a panel of experts in prevention and evidence-based medicine that recommends interventions based on a rigorous assessment of peer-reviewed evidence, found that a combination of pharmacotherapy and behavioral interventions was most effective in assisting individuals to quit smoking.<sup>3</sup>

**Pharmacists are highly accessible and effective at helping people quit smoking.**

Pharmacists are well-positioned to initiate treatment and support individuals throughout the quitting process. Since pharmacists are located in communities and can typically be seen without appointments, they are often more readily available than other healthcare providers and

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<sup>1</sup> CDC. "Smoking and Tobacco Use Fast Facts." Available at [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/).

<sup>2</sup> Chaiton, M, Diemert L, Cohen JE, et al. "Estimating the Number of Quit Attempts It Takes to Quit Smoking Successfully in a Longitudinal Cohort of Smokers." *BMJ Open*, 2016 6. Available at <http://bmjopen.bmj.com/content/6/6/e011045.full>.

<sup>3</sup> US Preventative Services Task Force. "Evidence Summary: Other Supporting Document for Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions." Available at <https://www.uspreventiveservicestaskforce.org/Page/Document/behavioral-counseling-and-pharmacotherapy-interventions-for-tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1#results>.

can respond quickly to modify cessation therapies.<sup>4</sup> Indeed, 93% of Americans live within 5 miles of a community pharmacy and since the decision to quit smoking is often spontaneous, this provides an especially important avenue for tobacco cessation.

Research shows pharmacists who can prescribe smoking cessation medications provide quit rates well above average, especially for sustained quitting at 6 months and longer. For instance, 40% of patients who received smoking cessation services from an independent community pharmacist were no longer smoking after 10 weeks and 33% were still not smoking 24 weeks out. These quit rates are well above national averages.<sup>5</sup>

Additionally,

- A Veterans Affairs Health Center conducted a comparison of 1,006 patients who either participated in a pharmacist-managed smoking cessation program or received smoking cessation through their primary care provider. **Patients receiving smoking cessation medication and counseling through a pharmacist had a quit rate of 16.1% after 6 months, while those who received medication through their primary care doctor had a quit rate of only 9.5%.<sup>6</sup>**
- In 2004, New Mexico passed a pharmacist prescribing protocol for tobacco cessation products. A prospective cohort trial was then conducted to determine effectiveness of pharmacist interventions on tobacco quit rates. Of the 1,437 patients in the study, **29.3% were not smoking after 1 month, 23.3% after 3 months, and 18.0% after 6 months.** Comparatively, quit rates in smokers who do not use medications are estimated to be about 15-28% at 1 month, 10-20% at 3 months, and 3-5% at 6 months. Of note, 64% of the patients in the cohort did not have health insurance, demonstrating pharmacists accessibility for those who often do not have access to primary care services.<sup>7</sup>
- The CDC and STRAND Clinical Technologies piloted a smoking cessation program in independent pharmacies in West Virginia that focused on nicotine replacement therapy and

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<sup>4</sup> Dent, L, Harris KJ, and Noonan CW, Randomized Trial Assessing the Effectiveness of a Pharmacist-Delivered Program for Smoking Cessation. The Annals of Pharmacotherapy. 2009

<sup>5</sup> Centers for Disease Control and Prevention. Pharmacists: Help Your Patients Quit Smoking. Available at <https://www.cdc.gov/tobacco/campaign/tips/partners/health/pharmacist/>. Accessed 11/21/2018.

<sup>6</sup> Chen T, Kazerooni R, Vannort EM, Nguyen K, Nguyen S, Harris J, Bounthavong M. Comparison of an Intensive Pharmacist-Managed Telephone Clinic With Standard of Care for Tobacco Cessation in a Veteran Population. Health Promot Pract. 2013; 15(4):512-520.

<sup>7</sup> Shen X, Bachyrycz A, Anderson JR, Tinker D, Raisch DW. Quitting Patterns and Predictors of Success Among Participants in a Tobacco Cessation Program Provided by Pharmacists in New Mexico. J Manag Care Pharm. 2014;20(6):579-87.

pharmacist counseling. The pilot program enrolled 50 patients and **had quit rates of 40% and 33% at 10 weeks and 24 weeks, respectively.**<sup>8</sup>

- In 2017 CMS Center for Medicaid and CHIP Services (CMCS) issued a bulletin on the vital importance of expanding pharmacists’ scope of practice to services and products including tobacco cessation. “State flexibilities in expanding the ability of pharmacists to prescribe, modify, or monitor drug therapy for certain medications may be effective at helping to address such issues by improving access to care. **CMCS encourages states to consider using these methods to promote access particularly to those drugs that can help address priority public health issues.**”<sup>9</sup>

**Connecticut’s citizens need access to tobacco cessation services already available in other states.**

With no sign of tobacco use or nicotine addiction going away, it’s more important than ever that Connecticut’s citizens have ready access to tobacco cessation resources. Already, nine states have passed legislation or regulations for pharmacists to prescribe tobacco cessation medications. And, as previously noted, pharmacists in New Mexico have been prescribing all FDA-approved tobacco cessation medications for some 15 years, without patient safety issues.

Today, Connecticut is one of 15 states considering following this lead and ensuring their residents can access important cessation medications directly from their pharmacist.

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<sup>8</sup> Centers for Disease Control and Prevention. Pharmacists: Help Your Patients Quit Smoking. Available at <https://www.cdc.gov/tobacco/campaign/tips/partners/health/pharmacist/>. Accessed 11/21/2018.

<sup>9</sup> CMS. CMCS Informational Bulletin: State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols. Jan 17, 2017.  
<https://www.medicare.gov/federal-policy-guidance/downloads/cib011717.pdf>