

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 in strong support of the *Raised Bill 6543: An Act Permitting Pharmacists to Prescribe Tobacco Cessation Products*. My name is Fei Wang, and I am an Associate Clinical Professor at the University of CT School of Pharmacy and Director of the Tobacco Prevention and Cessation Program at Hartford Hospital's Brownstone Clinics which provides comprehensive ambulatory care services to the medically underserved and uninsured residents of Hartford.

The U.S. Centers for Disease Control and Prevention (CDC) recently reported that cigarette smoking reached a record low in 2017 with a decline to 14% among US adults.¹ Tobacco-associated morbidity has likewise declined steadily in the United States, but remains the leading preventable cause of death for an estimated 480 000 individuals each year¹. This national trend is also reflected in Connecticut. In 2018, Connecticut spent over \$2 billion in health care costs due to smoking, and lost nearly 5,000 Connecticut residents to smoking attributable deaths.²

This continued decline in smoking prevalence is an outstanding public health success, however, disparities in tobacco use continue to persist with slower declines seen across defined groups. Prevalence is disproportionately higher and impacts people of low socioeconomic status (defined as adults with lower educational achievement or lower income below the U.S. federal poverty level), those with Medicaid insurance, the uninsured, and in those with mental illness and substance use disorders.^{3,4}

Nationally, Americans are 25% more likely to smoke if they live below the poverty line than those at or above this level (14%). Prevalence was highest among persons with a GED (41%), and lowest among those with a graduate degree (5%); higher among Medicaid enrollees (25%) and uninsured

adults (28%) than among those covered by private insurance (12%), and higher in those with serious psychological distress (36%) than those without serious psychological distress (15%).⁴ Sixty-eight percent of smokers report wanting to quit.⁵ Disadvantaged populations are just as likely to make quit attempts but are less likely to succeed in tobacco cessation. Among Medicaid beneficiaries, studies show that use of cessation medications or counseling remains low.^{6,7} However, the odds of success can be increased with the combination of behavioral counseling and pharmacotherapy. Increasing population-level smoking cessation requires barrier-free access to tobacco cessation counseling and approved medications, along with FDA regulation of tobacco products.

Community pharmacies are highly accessible and convenient locations for tobacco cessation services. Pharmacists are among the most accessible health professionals, providing opportunities for partnerships with other healthcare professionals to expand the role of team-based care into the community setting. The CDC promotes the use of pharmacists as health care extenders⁸ to improve population access to preventive services and chronic disease management, particularly in hard to reach populations.⁹ Community pharmacists are therefore, uniquely positioned to reduce the prevalence of smoking because of their accessibility to these vulnerable populations. Integrating community pharmacists as a linkage between the clinical and community settings to improve a patients' access to preventive and chronic care services maybe an effective state-wide approach towards increasing access to screening, delivering brief interventions for tobacco cessation, prescribing appropriate cessation medications, and improving referrals to the state telephone quitline (a toll-free referral program that increases quit rates and is one of the most accessible cessation resources with potential for a broad reach in diverse populations) and other local in-person cessation services.

Most importantly, pharmacists have demonstrated the ability to achieve tobacco quit rates similar to, and in some studies higher than, other health professionals. It has also been suggested that pharmacies are among the most cost-effective venues of care for smoking cessation services.¹⁰ Recently eight states have created, or are in the process of creating, pathways for autonomous pharmacist prescriptive authority that enables pharmacists to prescribe smoking cessation medications to facilitate access of patients to smoking cessation medications.¹⁰ In the United

States, 7 medications currently have an FDA indication for smoking cessation; three of these nicotine replacement products are available as OTC medications (patch, gum, and lozenge).¹¹ When these products were switched from prescription to OTC, their use increased significantly.¹¹ Research funded by the National Institutes of Health is currently under way to assess the safety and efficacy of varenicline as an OTC medication.¹¹

The University of Connecticut School of Pharmacy was awarded funding through the Tobacco and Health Trust Fund from the Connecticut Department of Public Health to develop an ACPE-approved educational continuing education activity offered to pharmacists in CT and nationally. I am the primary investigator of this initiative. I will be working with the School of Pharmacy Office of Professional Development to provide an ACPE-approved and DPH-approved CE curriculum and certificate program that consists of 15 hours of tobacco cessation training for pharmacists. I am including a copy of the final curriculum that was approved by the CT Department of Public Health. In summary, Pharmacists in the community can create a community-clinical linkage to increase screening, promote cessation, and offer access to effective services to those who want to quit. I strongly urge this committee to consider passage of this raised bill to improve the public health of our citizens in Connecticut.

References

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