



Connecticut Society of Health-System Pharmacists
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Testimony to the Public Health Committee – March 4, 2019

Raised Bill No. **921: *An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses (focus on Section 28)***

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Thank you for the opportunity to submit testimony about Raised Bill 921, Section 28, an act concerning the scope of practice of advanced practice registered nurses. My name is Thomas Buckley; I am an Associate Clinical Professor at the UConn School of Pharmacy and currently serve as the legislative chair for the Connecticut Society of Health-Systems Pharmacists.

The goal of this legislation is to allow APRNs and pharmacists to collaborate on drug therapy protocols that would improve the quality, efficiency, and cost-effectiveness of medical care, and reduce the frequency of avoidable drug-related problems associated with the vast array of medical options available today. This bill simply adds APRNs to the current law authorizing physicians and pharmacists to collaborate on drug therapy protocols. The law was originally passed in 2006 and has been extremely successful in allowing pharmacists to efficiently manage drug therapy. Over 25 different types of protocols, spanning various types of therapies, have been established in Connecticut. These have been implemented in every health care setting, such as hospitals, nursing homes, ambulatory clinics, and community pharmacies. These voluntary arrangements between prescribers and pharmacists gives the pharmacist delegated, dependent authority by the prescriber to manage drug therapy utilizing protocol agreements for specific patients after a specific diagnosis by the prescriber.

Collaborative practice protocols permit the pharmacist to initiate, modify or discontinue therapy, order associated lab tests, and administer medication as outlined in the protocol. Collaborative practice agreements (CPAs) have demonstrated improved clinical and behavioral health outcomes, and cost savings. CPAs utilize pharmacist compliance with clinical guidelines; increasing patient knowledge and adherence to medication regimens. CPAs optimize pharmacists' accessibility, allowing for more frequent patient encounters.

Expanding CPAs to pharmacists and APRNs permits more opportunities to provide care to underserved populations serviced by APRNs, thereby bridging a health disparities gap in these communities. An APRN can delegate complex, difficult patients to the pharmacist to manage drug therapy with a CPA. This frees up the APRN to focus on other underserved patients, enabling the APRN/pharmacist team to provide a higher quality of care.

CPAs are built upon a foundation of trust between pharmacists and prescribers and serve as a useful mechanism for increasing efficiencies of team-based care. This allows each member of the health care team to complement the skills and knowledge of the other members and more effectively facilitate patient care, resulting in improved patient outcomes. The goals of reaching populations at risk and reducing health disparities are key reasons why the development and implementation of CPAs between pharmacists and APRNs should occur in Connecticut.

Because pharmacists often work directly with the public in community settings, they are often considered the public's most accessible health care providers. CPAs can authorize pharmacists to make changes to a patient's medication or dosage, which can reduce the number of visits a patient has to make, thereby lowering costs, while also making it easier for patients to adhere to their medications.

In 2011, the U.S. Public Health Service authored a report, titled *Improving Patient and Health System Outcomes Through Advanced Pharmacy Practice*, to the U.S. surgeon general. This report highlighted the efficacy of pharmacists in advanced practice roles and advocated for intensified utilization of pharmacists in alleviating our nation's imminent primary care provider crisis. The findings of the report were promptly endorsed and supported by the 18th surgeon general, Vice Admiral Dr. Regina Benjamin, who recommended that health leadership and policy makers optimize the pharmacist's role. Vice Admiral Benjamin recommended that this be done through implementation of collaborative practice models.

CPAs offer a unique opportunity for pharmacists and prescribers to collaborate in a formal way. Such collaboration increases the efficiency of team-based care in the treatment and management of chronic conditions. Expanding the current highly successful law to include APRNs and pharmacists to collaborate on protocol-based care will greatly increase access to underserved populations in Connecticut. We urge your support of this bill as a means of providing better health care for the patients of Connecticut by improving their medical outcomes, reducing medical costs, and reducing the burden of preventable adverse drug reactions.