RB 895: AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES. Testimony February 25, 2021

Chairmen D'Agostino and Maroney, Ranking Members Witkos and Rutigliano and Distinguished Members of the General Law Committee:

My name is Michelle Byram, and I am a licensed pharmacist in the state of Connecticut and a member of Connecticut Society of Health System Pharmacists. I am submitting written testimony on behalf of myself in strong support of **RB 895 An Act Concerning Changes to Various Pharmacy Statutes.**

I currently work for a large teaching hospital as an ambulatory clinical pharmacist in an Anticoagulation Service along with other pharmacists and pharmacy residents. We provide care to close to 600 patients who take blood thinning medications (anticoagulants). It is critical that these patients' medication therapy be monitored closely to avoid potentially life-threatening blood clots and to avoid potential adverse drug events related to bleeding which can result in hospitalization and death. Many of our patients come from underserved populations and have co-morbid medical conditions that also impact their drug therapy management.

It has been shown that pharmacists management of these patients in an anticoagulation service improves patient care over usual care by a primary care provider as we are focused specifically on management of these medications and have developed expertise in this area.

Some of the medications that we monitor include warfarin (known also under the brand name Coumadin), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), edoxaban (Savaysa), enoxaparin (Lovenox) and heparin. We work closely with a hematologist who specializes in blood clotting disorders. He acts as the medical director of our clinic and is the collaborative provider for most of the patients we manage. The pharmacists' actions are all documented in our shared electronic medical record and are visible to the collaborating provider.

I strongly support the proposed changes to the current statutes around collaborative drug therapy management (CDTM). The current 30 day reporting requirement is difficult to facilitate as it is cumbersome to create a report of the patient's progress that is meaningful and valuable. In addition, since the provider has access to the pharmacists notes in the medical record it is not really necessary to create such a report.

In addition, medication management is continuously being driven by updated guidelines as new information about medications from clinical trials becomes available. The addition of the clause

to allow guideline directed management is in line with providing the best and most up to date evidence-based medication therapy management.

This bill as proposed **does not change pharmacist scope of practice.** It eliminates an outdated administrative burden for pharmacists, physicians, and APRNs engaging in this agreement that was created prior to the availability of shared electronic medical records. It also provides clarification that a written protocol within a CDTM agreement may include guideline-directed management.

For these reasons, I request that you support this bill.

Sincerely,

Michelle Byram, RPh.
Ambulatory Care Pharmacist