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 Jenna Lee and I am a licensed pharmacist in the state of Connecticut. I am submitting written testimony on behalf of myself in strong support of **RB 895 An Act Concerning Changes to Various Pharmacy Statutes.**

I graduated with my Doctorate of Pharmacy degree and completed two years of post-graduation training to specialize in Ambulatory Care pharmacy practice. I am now a Board Certified Pharmacist in Pharmacotherapy and Ambulatory Care. I work as an Ambulatory Care Pharmacist in a variety of clinic areas. At my practice site, I rotate through different clinic areas and see a variety of patients. I see patients as in-person or telehealth visits within the Primary Care Clinic, Heart and Vascular Clinic, Pulmonology Clinic, Infectious Disease Clinic, Transplant Clinic, and Anticoagulation Clinic areas where I provide diabetes, hypertension, dyslipidemia, anticoagulation, asthma, nicotine cessation, and medication management services. I value being the medication expert at the clinics I work and being able to provide high quality patient care to all of my patients. I have formed many meaningful interactions with my patients and work with them to help them reach their health care goals. For example, one of my patients I saw this week has been working to stop smoking for the past 4 months. After working with this patient using medication therapy and behavior interventions, this patient is now going on four weeks without using any tobacco products!

This bill as proposed **does not change pharmacist scope of practice.** It eliminates an outdated administrative burden for pharmacists, physicians, and APRNs engaging in this agreement that was created prior to the availability of shared electronic medical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.

The 30-day reporting requirement significantly limits my service, the care I am able to provide to my patients, and the time my providers are able to see their patients. Within my practice, I frequently see all patients that are on my patient panel and am highly involved in their care. I also work closely with the providers in the clinics that I cover. The 30-day reporting requirement has limited my practice in the following manner:

1. **A specific 30-day follow-up is not necessary for all patients on my service.** Depending on the patient-specific situation an extended follow (for example, every six or eight weeks) may be more appropriate. For example, if a patient is being managed for diabetes and is relatively stable, guideline recommendations state to monitor the patient hemoglobin A1c in 12 weeks. This 30-day requirement results in unnecessary follow up with is frustrating for the patient and limits the amount of time I am able to spend with other patients within my clinics.
2. **The time to required to review every patient every 30-days results in a smaller panel of patients that the pharmacist is able to impact**. As mentioned above a 30-day follow-up is not necessary for all patients. Requiring this follow-up results in unnecessary time spent on patients

that are more stable and need an extended follow-up. This limits the amount of patients the pharmacist is able to interact with in clinic.

3. **Direct communication to providers every 30 days results in alert fatigue and provider burn-out.** We are connected within the medical electronic health record and all my encounters are documented within the chart and are able to be viewed by every team member. The 30-day reporting requirement forces the pharmacist to route an encounter to a provider each moth. With the shared medical record this is unnecessary and many of my providers report that this clutters their workflow. It also results in an over-stimulation of provider out-reach making it challenging for providers to prioritize which patients they need to evaluate.

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

Sincerely,

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