

## **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 Darren Luon, and I am a licensed pharmacist practicing in the oncology setting within a large health system 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**.

As oncology pharmacists, we are highly trained healthcare professionals that undergo rigorous training to obtain a Doctor of Pharmacy degree and we frequently participate in two years of additional residency training in order to further develop our expertise and assist our healthcare team members in providing the most effective and safe cancer treatments. The patients that my team and I manage are complex and are faced with significant challenges on a regular basis. Between the mental stressors of having cancer and the side effects of their complicated chemotherapy regimens, they need a great deal of support from the entire healthcare team.

Section 20-632 of the General Statutes as allowed pharmacists to successfully establish collaborative drug management (CDTM) agreements with both physicians and APRNs for the care of patients with a number of conditions. This grants pharmacists to initiate, modify, or discontinue therapy, administer medication, and order associated lab tests in accordance with this agreement.

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 It eliminates an outdated administrative burden for pharmacists, physicians, and APRNs engaging in this agreement that was created prior to the availability of shared electronic medical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.

### **Maintaining Pace with Technology**

The first update modifies the requirement that a pharmacist shall report at least every thirty days to the physician or advanced practice registered nurse (APRN) regarding the patient's drug therapy management. Below are examples of why this request will improve patient care:

- Pharmacists may not encounter all patients every 30 days
  - Example: We are in the process of developing a survivorship clinic for patients with leukemia/lymphoma/etc who have undergone stem cell transplant. These patients often face numerous complications in the years after their treatment and require long term follow up. As time passes from the transplant date, often these patients do not need to be seen as frequently, but still require occasional support from a survivorship team to assist with long term challenges of both cancer and transplant. Currently, as the statute is written, we are required to report out to the physician or APRN every 30 days, regardless of whether or not we have seen the patient or if there are no updates. These

report outs are not essential. With the overwhelming patient load that our physicians and APRNs are managing, it is unnecessary to further stretch their time and attention.

### **Improving Patient Care and Safety**

We hope that you can see how important this is to the continuing delivery of high-quality patient care within the state of CT. Pharmacists are frequently asked and willing to fill gaps in care due to the significant workload on our physicians and APRNs. We hope that continuing to utilize CDTMs will improve outcomes and quality of life in our cancer patients, similar to what has already been seen by our ambulatory care colleagues who treat patients with diabetes, blood pressure, asthma, and other disease states.

Our pharmacists have the ability to work closely with their patients and provide counseling and education on their complicated medication regimens. When our patients are dealing with significant side effects from their chemotherapy, such as nausea or vomiting, pharmacists have the expertise and ability to quickly suggest improvements in their anti-nausea medications. Adjustment of the 30-day reporting requirement will remove a significant administrative burden, both for our pharmacists and APRNs/physicians. This will allow all groups to expand our patients' access to care. The adjustment to this law will remove a significant barrier that we have when collaborating with our healthcare team and allow our pharmacists to expand their practice into even more areas.

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

Sincerely,

Darren Luon, PharmD, BCOP  
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