Connecticut Society of Health-System Pharmacists
c/o The Association Advantage
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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 Steph Luon, and I am a licensed pharmacist practicing in the ambulatory care clinic setting within a large health system in the state of Connecticut and the current legislative chair of the Connecticut Society of Health-Systems Pharmacists. I am submitting written testimony on behalf of myself and the Connecticut Society of Health-System Pharmacists in strong support of **RB 895 An Act Concerning Changes to Various Pharmacy Statutes.**

Pharmacists are one of the most highly trained and underutilized healthcare professionals. They graduate with a Doctor of Pharmacy degree. They then often participate in one or two years of additional residency training and sometimes fellowship training before settling into clinical roles.

Section 20-631 of the General Statutes has allowed pharmacists to successfully establish collaborative drug therapy management (CDTM) agreements with physicians and APRNs for care of numerous chronic conditions. CDTM agreements permit pharmacists to initiate, modify, or discontinue therapy, administer medication, and order associated lab tests in accordance with the terms of the 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This bill as proposed **does not change pharmacist scope of practice.** It eliminates an outdated administrative burden for pharmacists, physicians, and APRNs engaging in this agreement that was created prior to the availability of shared electronic medical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. Here are key reasons why this update is important:

- Pharmacists may not encounter all patients every 30 days
    - Example: patient engaged in CDTM for tobacco cessation who has been tobacco free for 3 months wants to extend their next visit out to 6 weeks. Currently with the way the statute is written, we are required to report out to the physician or APRN every 30 days that we have not seen the patient and there are no updates. This information is not essential, clutters the patient's medical record, and is not something physicians and APRNs need to address.
    - Example: patient engaged in CDTM with a pharmacist for type 2 diabetes management: The patient's daughter is getting married in Ireland and he and his family are spending 5 weeks in Europe to celebrate. The patient requests to schedule his next visit for when

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he returns from Europe. Again, even though the patient has not had a visit with the pharmacist for the last 30 days, the pharmacist must still report out

- When both parties engaged in a CDTM agreement have access to the same electronic medical record, it makes sense that patient progress updates may be communicated through documentation within this shared medical record. Each CDTM agreement is required to include a section for any conditions or events that a pharmacist is required to report to the physician or APRN engaged in the agreement.

Providing Clarity

The second update provides clarity that a written protocol within a collaborative drug therapy management (CDTM) agreement may include guideline-directed management that is identified within the agreement.

Improving Patient Care and Safety

We hope you can see how important this is to the delivery of high quality patient care in CT. Due to the shortage of primary care physicians, pharmacists are frequently filling in gaps of care. Working pursuant to collaborative practice agreements, pharmacists have demonstrated improved outcomes in quality measures such as better control of diabetes, reduced blood pressure, medication adherence, and decreased asthma exacerbations requiring emergency department utilization.

Pharmacists have the ability to work closely with patients and check in frequently if necessary to assist, where they may only be able to see their primary care provider every several months. Improvement in these quality measures contribute to cost savings and help our patients to live healthier and happier lives. Adjustment of the 30 day reporting requirement removes this administrative burden, allows greater access to care, and enables our healthcare teams to provide more care for underserved populations. This ultimately allows pharmacists to help close the gap in healthcare disparities in our communities.

We have this law on the books, but as written it truly limits our ability to collaborate with physicians and APRNs because of the aforementioned barriers. When it works well, it is fantastic because it enables the pharmacist to focus on drug therapy, provide more frequent care, and frees up the physician or APRN to focus on other aspects of their care. For these reasons, I request that you support this bill.

Sincerely,

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