

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 Amanda Orabone 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 received my Doctor of Pharmacy degree in 2012 and then completed two years of post-graduate training. Prior to moving to Connecticut in 2018, I practiced within a large, integrated health system in Oregon for four years.

I currently work in an outpatient primary care office and collaborate with my physician and advanced practice registered nurse (APRN) colleagues in caring for patients with highly prevalent chronic conditions, including diabetes, high blood pressure, and high cholesterol. As the *trained medication expert* on the care team my job is to assess a patient's medication regimen for appropriateness, effectiveness, safety, and patient adherence. I address medication-related problems, optimize medication therapy regimens, provide disease state and medication specific education to patients and their caregivers, and work with patients to set health related goals. I ensure patients know how to take their medications, understand the importance of taking their medications, and are able to access and afford the medications they are prescribed.

I have worked under a collaborative drug therapy management (CDTM) agreement since I completed my post-graduate training in 2014. In the state of Connecticut 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This bill as proposed **does not change pharmacist scope of practice.** It eliminates an outdated administrative burden for pharmacists, physicians, and APRNs engaging in this agreement that was created prior to the widespread availability of shared electronic medical records and does not consider the role of a fully integrated pharmacist within a physician office. It also provides clarification that a written protocol within a CDTM agreement may include guideline-directed management.

The first update modifies the requirement that a pharmacist shall report at least every thirty days to the physician or APRN regarding the patient's drug therapy management. Here are key reasons why this update is important:

- Pharmacists may not encounter all patients every thirty days.
 - Example: A patient with type 2 diabetes is referred to the pharmacist for collaborative drug therapy management in effort to improve their glycemic control. After several months working with the pharmacist, the patient's A1c has improved from 10% down to their goal of <7%. At this point the patient has a good understanding of their medications and is doing very well but wants to continue to periodically engage with the

pharmacist to ensure they are staying on track with their health related goals. It is not clinically necessary for this patient to see the pharmacist again within thirty days, yet pharmacists are required to report out to our physician and APRN colleagues again within a thirty day window. A more appropriate time frame for follow-up for the aforementioned patient would be 6 to 8 weeks or even longer depending on the specific scenario and the patient's preference. Current legislation compels pharmacists to schedule follow-up with patients in a time frame that may not be necessary, resulting in reduced access for other patients to engage in clinical pharmacy services and limits the number of patients pharmacists can actively help manage at any given time. Additionally it requires pharmacists to send nonessential updates to our physician and APRN colleagues, further inundating their already very busy in-baskets with information that is neither important nor helpful for patient care.

- Widespread use of shared electronic medical records has allowed for seamless and easy communication between members of the care team. When both parties engaged in a CDTM agreement have access to the same electronic medical record, care team members can easily access pharmacist documentation, see when follow-up with the pharmacist is scheduled, and reach out to the pharmacist if closer follow-up might be warranted. Patients also have easy access to their pharmacist, allowing patients to contact their pharmacist prior to their next scheduled follow-up if needed. CDTM legislation already requires parties to formally spell out all conditions and events that require notification of the physician or APRN, making the thirty day reporting requirement nothing but a restrictive administration burden.

We hope you can see how important this is to the delivery of high quality patient care in Connecticut. Pharmacists are one of the most highly trained and underutilized healthcare professionals and are easily accessible to patients. CDTM legislation allows pharmacists to practice at the very top of their license, provide focused medication therapy management to patients, and frees up physicians and APRNs to focus on other aspects of the patient's care. Pharmacists working pursuant to CDTM agreements have demonstrated improved outcomes in quality measures such as better control of diabetes, reduced blood pressure, improved medication adherence, and decreased asthma exacerbations requiring emergency department utilization. Improvement in these quality measures contributes to cost savings and improved quality of life for patients. Adjustment of the thirty day reporting requirement removes an administrative burden and allows greater access to care, especially for underserved populations. It is not only important to have CDTM legislation in the state of Connecticut, but to ensure the legislation appropriately supports the important work that pharmacists across the state are doing for the patients they care for and the physicians and APRNs they work alongside. For these reasons, I request that you support this bill.

Sincerely,

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