

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 Marie Renauer, I am a licensed pharmacist in the state of Connecticut and a member of the 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.**

In my current role as a pharmacy associate director I have the opportunity to collaborate with other healthcare leaders to improve patient access to quality healthcare and better health outcomes for residents of CT by providing cost-effective team-based care. We have integrated pharmacists into outpatient clinic care teams throughout the state with the majority of services concentrated in the greater New Haven area, where we have seen the significant impact of health disparities and have started team-based initiatives to address social determinants of health.

This bill as proposed **does not change pharmacist scope of practice.** It eliminates an outdated administrative burden for physicians, APRNs, and pharmacists engaging in this agreement that was created prior to the wide availability and use of shared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

Improving Access to Patient Care and Safety

With the increased use of medications to treat chronic conditions and the rising cost of medications, the pharmacist plays a vital role on the patient's healthcare team to ensure safe and effective medication use and affordable access to medications and care. This vital role was exemplified during the quarantine of the early months of the COVID-19 pandemic last year. Pharmacists were able to maintain and even increase patient access to care virtually through telephonic and video means to ensure patients had access to their medications, food, and other social support.

Stories shared from patients highlighted that the pharmacists regular touch bases ensured that they were able to self-manage their chronic disease states during the quarantine and stay out of the emergency room and hospital. The extra support on the outpatient care team also allowed physician and nursing colleagues to support the surge of COVID patients in the hospital. Pharmacists having Collaborative Drug Therapy Management (CDTM) agreements has facilitated our ability to support the healthcare team in caring for all patients throughout the pandemic. The proposed changes to the pharmacy statutes will allow us to collaboratively care for more patients and increase access to other healthcare providers by reducing administrative burdens that take physicians and APRNs away from direct patient care.

Maintaining Pace with Technology

The utilization of electronic medical records (EMRs) by healthcare teams and sharing across organizations and even with patients has increased significantly since the CDTM pharmacy statutes were originally drafted. Sending additional documentation to physicians and APRNs in a shared medical record creates additional administrative burden and may distract from more time sensitive electronic messages requiring action for patient care.

As pharmacists become part of the patient's healthcare team, they may remain a key member in the patients care longitudinally even when a patient's chronic condition is under good control to ensure the patient continues to manage their health well and have access to their medications. Such stable patients may not need or want a monthly touch base. Eliminating the 30-day reporting requirement and allowing documentation in the shared EMR will allow care to be more patient-centered and increase patient access to care provided by the whole healthcare team.

Workforce Development

Pharmacists are one of the most highly trained, accessible, and underutilized healthcare professionals. They graduate with a Doctor of Pharmacy degree and for advanced practice roles, such as practicing with a CDTM, they often complete 1-2 years of additional rigorous post-graduate residency training. We have been able to attract and retain top talent, many of who are CT natives, with positions that integrate pharmacist within clinic-based care teams. Continued support of our state's pharmacist scope of practice including the proposed changes to the statutes will allow us to continue to keep top talent we have invested in for training within the state to continue to care for our population.

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

Sincerely,

A handwritten signature in black ink that reads "Marie Renauer". The signature is written in a cursive, flowing style.

Marie Renauer, PharmD, MBA, BCACP
Associate Director, Ambulatory Clinical Pharmacy Services