



TESTIMONY TEMPLATE

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 R. Williams, and I am a licensed pharmacist in the state of Connecticut and a member of Connecticut Society of Health-System Pharmacists pharmacy organization. I am submitting written testimony on behalf of myself in strong support of **RB 895 An Act Concerning Changes to Various Pharmacy Statutes.**

I am a licensed pharmacist, certified diabetes educator and patient advocate that has been serving an underserved population in Hartford through medication management, mostly for diabetes, for more than ten years. In my practice, I serve a largely illiterate population where English is the second language.

This bill as proposed **does not change pharmacist scope of practice.** It eliminates an outdated administrative burden for pharmacists, physicians, and APRNs engaging in this agreement that was created prior to the availability of shared electronic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

Part of my position is spent training medical residents on guideline-directed diabetes management, to improve physician adherence with national recommendations. I also believe all patients are better served when we are individualizing their medication plans based on their individual characteristics (ie. other medical conditions, other medications, religious beliefs, literacy level, dexterity level, etc.). It is very difficult to create a protocol that is specific to this level of care for an individual patient, but national guidelines lay the framework for the decision processes that should be used.

Maintaining Pace with Technology

In my practice settings, providers are able to see my notes real-time as a copy is sent to them automatically each time I see a patient. Many patients may not need to return within thirty

days, which creates additional administrative work that does not improve communication between collaborating physicians and pharmacists. For example, I help manage Mr. G's insulin. He is doing quite well, but struggles with any new changes because he cannot read or write. I make it a point to check in with him every three months when he gets new lab work to determine if we need to adjust his dose, and to create supportive pictorials to assist him in following the correct dose moving forward.

Improving Patient Care and Safety

Reducing the administrative burden when it does not enhance the communication (ie. when nothing has changed), only further reduces the number of patients each collaborating pharmacist is able to see. We could impact more patients if we did not need to spend additional hours per week meeting this requirement.

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

Sincerely,

Amanda R. Williams, PharmD, BCACP, CDCES
Clinical Ambulatory Care Pharmacist