



Testimony Before the General Law Committee

Feb 28, 2023

IN SUPPORT OF
HB 6768 AN ACT CONCERNING THE DEPARTMENT OF CONSUMER PROTECTION'S
RECOMMENDATIONS REGARDING PRESCRIPTION DRUG REGULATION
AND
SB 1102 AN ACT CONCERNING PHARMACIES AND PHARMACISTS.

“66% of Connecticut adults believe ‘learning the lessons of the pandemic means keeping in place policies that make it easier for patients to access services from pharmacists and other pharmacy team members’.”

—NACDS Survey, Dec. 2022

Dear Sen. Maroney, Rep. D’Agostino, Sen. Fonfara, Rep. Brown, Sen. Cicarella, Rep. Rutigliano, and Members of the General Law Committee:

Thank you for the opportunity to show pharmacists’s strong support for HB 6768 and SB 1102.

While some of the proposals in these two important bills may seem new to the state of Connecticut, enacting them here will help to increase patient access to health care while decreasing costs for consumers.

Birth Control

Pharmacist prescribing authority for birth control is a prime example: In 2016 California and Oregon became the first states to authorize pharmacists to prescribe contraceptives. Since then, 20 other states and jurisdictions have granted that authority.

The reason for this is very simple: pharmacist-prescribed contraception increases access and decreases barriers to health care for women. In a recent study in California,¹ 74% of patients said they sought a contraception prescription at a pharmacy because it would be faster than waiting for a doctor’s appointment; 46% said it was because the location and hours were more convenient.

Perhaps most importantly, more than 1-in-4 said they sought contraception at a pharmacy *because they did not have a regular doctor*. And nearly all those surveyed—96%—said they were likely to return to a pharmacist for contraception and recommend the service to a friend.

In short, “convenient, consistent, and dependable access to contraceptive care through pharmacies increases the likelihood of longer-term continued and consistent contraceptive

¹ Sally Rafie, Alexandra Wollum, Kate Grindlay. Patient experiences with pharmacist prescribed hormonal contraception in California independent and chain pharmacies. JAPhA 62:1 (2022), 378-386. <https://doi.org/10.1016/j.japh.2021.11.002>. (<https://www.sciencedirect.com/science/article/pii/S1544319121004635>)

use; reduces the likelihood of unintended pregnancies; and, importantly, allows women to better plan their pregnancies.”²

For many women in our state, there remain unnecessary obstacles that can put contraception out of reach, especially in rural and underserved areas. Amazingly, even here in Connecticut access to women’s health care is actually decreasing due to health-system consolidation and cost cutting.³ Indeed, more than 180,000 women in our state live in “contraceptive deserts,” counties that lack reasonable access to the full range of birth control methods.⁴

HB 6768 addresses this challenge by enabling women to simply visit their local pharmacy for a birth control prescription from a pharmacist who has been trained to safely evaluate and prescribe contraceptive therapy to their patients.

Vaccination and Test-to-Treat

A few weeks ago, CPA along with the National Community Pharmacists Association (NCPA) and the National Association of Chain Drug Stores (NACDS) delivered a letter to Gov. Lamont noting that over the last two years, pharmacies have taken extraordinary measures to meet Americans’ needs for essential healthcare services. From keeping doors open and lights on in the early days of the pandemic, to getting shots in arms and providing important testing services, the pharmacy community has played a vital role in expanding patient access to care and helping communities reopen and return to normal. With 88% of Connecticut residents saying it is very or somewhat easy to access pharmacies, ranking their accessibility the highest among healthcare destinations tested, pharmacies have effectively connected millions of patients – including those who do not otherwise have a primary care provider – to important healthcare services.

Pharmacies’ capacity to support the nation’s healthcare needs during this critical time was bolstered by federal government action under the Public Readiness and Emergency Preparedness Act (PREP Act) that enabled pharmacy providers across the country to provide a broad array of immunizations and “test to treat” services during the public health emergency. By remedying regional disparities with what types of immunization and testing services that pharmacists can order and administer and enabling pharmacies to utilize the full pharmacy team (including pharmacy technicians) in administering these services, the temporary PREP Act allowances have allowed pharmacy providers to play a vital role in connecting the broader public to essential healthcare services.

The experience of the COVID-19 pandemic cemented Americans’ reliance on community pharmacies for immunization and “test to treat” services. In fact, a poll commissioned by NACDS in December 2022, found that 66% of Connecticut adults believe “learning the lessons

² Advancing Contraception Access in States Through Expanded Pharmacist Prescribing. Center for American Progress, Jan. 31, 2023. <https://www.americanprogress.org/article/advancing-contraception-access-in-states-through-expanded-pharmacist-prescribing/>

³ Multiple Connecticut hospitals seek to shutter labor and delivery centers. Fox61 News, Nov. 14, 2022. <https://www.fox61.com/article/news/local/pregnant-women-face-a-crisis-of-maternal-care/520-fe868891-d8e4-4a8a-8f23-48a1bab6fb66>

⁴ Contraceptive access in Connecticut. Power to Decide state fact sheet, November 2022. https://powertodecide.org/sites/default/files/2022-11/State_Factsheet_Connecticut.pdf

of the pandemic means keeping in place policies that make it easier for patients to access services from pharmacists and other pharmacy team members.”⁵

During the pandemic, pharmacists administered over 300 million COVID shots (including some 5 million here in Connecticut) and hundreds of millions of flu and childhood-schedule vaccines to adults and children ages 3 and up. With the imminent end of the national health emergency on May 11 and the sunset of the PREP Act in October of 2024, Connecticut’s families are in danger of losing that local, neighborhood access to vital services, including vaccines for COVID and flu.

The simple fact is that pharmacists are the most accessible of all health care providers—95% of Americans live within 5 miles of a pharmacy and they visit their local drug store 20-30 times each year. Pharmacists follow evidence-based recommendations. They provide counseling on services and referral to other providers. And they adhere to rigorous, nationally-accredited training programs designed to equip pharmacy students, pharmacists, and pharmacy technicians with the knowledge, skills, and tools needed to successfully provide these services.

Connecticut’s two schools of pharmacy, its professional associations and societies (including CPA), and its hospital and health-systems have long offered curricula and training programs that equip pharmacy students and pharmacists with the knowledge, skills, and tools needed to successfully provide birth control, test-and-treat, and vaccination services, including point-of-care diagnostics.

Support and reimbursement for pharmacy services

But in order to fulfill their promise, pharmacists should have appropriate access to qualified support, including the ability to oversee the appropriate number of pharmacy technicians required for these pharmacy-based services. Indeed, a recently-published study of pharmacy technician-administered vaccinations came to the conclusion that “states should look to expand and make permanent the authority of pharmacy technicians to ensure these benefits can continue to be realized after the HHS guidance expires.”⁶

By statute, Connecticut has one of the most restrictive technician ratios in the US.⁷ But during the pandemic, Gov. Lamont appropriately extended the state’s technician ratio to 4:1, and we suggest that this ratio be made permanent, including appropriate regulation for training, certification, and oversight by pharmacists.⁸ Other states that took similar measures during the pandemic⁹ have gone on to make those changes permanent—today 23 states enable pharmacy technicians to provide immunizations, and 21 states (including Rhode Island) have no mandated pharmacy technician ratio.

⁵ NACDS to Congress: Americans Expect Pharmacy Access After Pandemic. National Association of Chain Drug Stores. <https://www.nacds.org/news/nacds-to-congress-americans-expect-pharmacy-access-after-pandemic/>

⁶ Pharmacy technician-administered immunizations: A five-year review. J Am Pharm Assoc. 2022 March-April; 62(2): 419–423. Published online 2021 Nov 1.

⁷ Community Pharmacy Technicians. CT Dept of Consumer Protection. <https://portal.ct.gov/DCP/Drug-Control-Division/Commission-of-Pharmacy-Licenses/Community-Pharmacy-Technicians>

⁸ The Future Looks Busy for Pharmacy Technicians in Immunization Programs. June 6, 2022. Mike Johnston, CPhT-Adv, Edgar Galvan. Drug Topics Journal, June 2022, Vol 166, Issue 6.

⁹ Research supports expanding role of pharmacy techs in immunization delivery. Ariel Lyn Clark, PharmD. Immunization Update Volume 28, Issue 4, p42, April 1, 2022.

Finally, while we fully support the pharmacy proposals in both these bills, we also want to be sure that pharmacists are fully and fairly reimbursed for these services, including not only for the cost of the drugs and an appropriate dispensing fee, but also appropriate time and counseling fees.¹⁰ Both Medicaid and commercial insurers should be mandated to meet this requirement.

The danger is that, even if pharmacists *can* provide these services, many will choose *not to* because it will cost them more than they can afford to lose.

Thank you for the opportunity to provide this testimony.

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¹⁰ For example, see COVID-19 Vaccine Administration – Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians. Connecticut Medical Assistance Program. https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=pb21_06.pdf&URI=Bulletins/pb21_06.pdf