



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
GENERAL LAW COMMITTEE
Tuesday, March 1, 2022**

**SB 186, An Act Concerning Collaborative Drug Therapy
Management Agreements And Policies**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 186, An Act Concerning Collaborative Drug Therapy Management Agreements And Policies.**

Since early 2020, hospitals and health systems have been at the center of Connecticut's response to the COVID-19 public health emergency, acting as a vital partner with the state and our communities. Hospitals expanded critical care capacity, procured essential equipment and supplies, and stood up countless community COVID-19 testing locations. Hospitals have been an essential component of the statewide vaccine distribution plan including efforts to reach and serve historically under-resourced communities disproportionately affected by the virus. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and the well-being of our communities and reinforces the need for a strong partnership between the state and hospitals.

CHA supports the bill, but would like to address a handful of technical drafting issues.

SB 186 makes positive changes to existing law governing collaborative drug therapy management (CDTM). These changes will help increase access to care for patients by streamlining the process for certain medication renewals and refills, while simultaneously removing unnecessary administrative burdens on physicians, APRNs, and physician assistants. CDTM is a highly effective and useful approach to care delivery that makes the best use of the entire care team, specifically by allowing pharmacists working in close collaboration with licensed healthcare providers to perform various patient care activities that are within their professional training and scope of practice.

We would like to request the following modifications to the bill to help conform it to its stated purposes.

First, the definition of “collaborative drug therapy care plan” has a typographical error. To correct this:

At line 10, delete the word “patient” and insert the word “pharmacist” in its place.

Second, to clarify the differences between a collaborative drug therapy management agreement or policy (which establishes the collaborating relationship between one or more pharmacists and one or more prescribing practitioners) and a collaborative drug therapy management plan or protocol (which outlines the drug therapy that a patient or patient population will receive), the following changes should be made to lines 46 through 64:

At line 46, insert an open bracket before the phrase “In order to enter into a”; delete the open bracket before “written protocol-based”

At line 47, after “based]”, insert “A pharmacist acting under a”

At line 49, delete “collaborative drug therapy care plan, or operate under”

At line 50, after “drug therapy management policy,”, insert “may recommend, establish, or act upon a protocol or collaborative drug therapy management care plan where”; delete “must” and insert “has”

At line 51, delete “establish” and insert “established”

At line 56, after “with the pharmacist.”, insert “[] based on a diagnosis made by such patient’s prescribing practitioner or a specific test set forth in a collaborative drug therapy management agreement or collaborative drug therapy management policy.”

At line 61, after “for the patient”, insert a period, and delete the closed bracket and “based on a”

Delete lines 62 through 64.

For illustration, with these corrections to lines 46-64, the text should read as follows:

therapy management policy. [In order to enter into a written protocol-based] A pharmacist acting under a collaborative drug therapy management agreement [, such physician or advanced practice registered nurse shall have established] or a collaborative drug therapy management policy, may recommend, establish, or act upon a protocol or collaborative drug therapy management care plan where a prescribing practitioner has first established a provider-patient relationship with the patient or patients who will receive collaborative drug therapy. Each patient's collaborative drug therapy management shall be [governed by a written protocol which may include guideline-directed management established by the treating physician or advanced practice registered nurse in consultation with the

pharmacist.] based on a diagnosis made by such patient's prescribing practitioner or a specific test set forth in a collaborative drug therapy management agreement or collaborative drug therapy management policy. For purposes of this subsection, a "provider-patient relationship" is a relationship based on (1) the patient making a medical complaint, (2) the patient providing a medical history, (3) the patient receiving a physical examination, and (4) a logical connection existing between the medical complaint, the medical history, the physical examination and any drug prescribed for the patient.

Third, to clarify that some collaborative drug therapy protocols will be patient-specific (and not only for patient populations):

At line 101, after "ordered and (5)", insert "if applicable,"

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.