



## **2021 PHARMACY LEGISLATIVE PRIORITIES**

### **ISSUE: RESPONSE TO THE COVID-19 PANDEMIC**

#### **EXECUTIVE ORDER 9Q: PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC—VACCINE ADMINISTRATION, REPORTING, AND OUT-OF-POCKET NETWORK CHARGES**

**POSITION:** STRONGLY SUPPORT

**PURPOSE:** To authorize Connecticut pharmacists to administer an FDA-approved or -authorized COVID-19 vaccine to patients age 10 years and older. This order also allows pharmacists to administer a flu vaccine approved by FDA for patients age 10 years and older under a healthcare provider's order.

**OUR OPINION:** As the most accessible health care providers who undergo extensive immunization training, pharmacists play a vital role in the COVID-19 vaccination effort, expanding access to ALL vaccines in the communities they serve statewide during the pandemic and beyond. When Connecticut rolls out the COVID-19 vaccine to the public, it will be imperative to enshrine this executive order into state statute so pharmacists can provide quick and easy access these vaccinations.

- o As nurses and physicians grapple with the second wave of hospitalized COVID-19 patients, staff shortages, and treatment demands, qualified Connecticut pharmacists across every practice setting and career stage have been serving on the frontlines of this massive immunization effort in health systems and hospitals since mid-December.
- o Community pharmacists in Connecticut also have administered COVID-19 vaccines at long-term care facilities through a contract between the federal government and pharmacy chains such as CVS and Walgreens, demonstrating their ability to increase access to vaccinations.
- o Pharmacists are required to undergo extensive training to administer immunizations, both during their graduate schooling and during their professional careers. Connecticut pharmacists who are certified immunizers also are required to complete annual updated continuing education, so they have the skillset and tools and to take on COVID-19 vaccinations for pediatric and adult patients.
- o According to a 2018 [study](#) from Johns Hopkins University, using pharmacies to administer influenza vaccinations could save lives and costs during a flu epidemic. With delays in the number of physician office visits and the decline of routine childhood vaccinations due to the pandemic, pharmacists are in a unique position to fill this gap, as no appointments are needed to receive a vaccine at a pharmacy.

## **EXECUTIVE ORDER 7 KK: PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC AND RESPONSE – PHARMACISTS AUTHORIZED TO ORDER COVID-19 TESTS**

**POSITION:** STRONGLY SUPPORT

**PURPOSE:** To allow Connecticut pharmacists to provide end-to-end COVID-19 testing utilizing testing systems authorized under FDA Emergency Use Authorization, including certain serology tests that do not require venipuncture.

**OPINION:** Since the COVID-19 pandemic began, pharmacies never closed, adjusting their business models to provide a menu of services to Connecticut patients—from delivering prescriptions to managing chronic diseases to answering patients’ questions about COVID-19 and now providing COVID-19 testing. As the second surge of the pandemic continues, it will be imperative to enshrine this executive order into state statute, so pharmacists can provide broad access to COVID-19 testing.

- o Since Governor Lamont issued Executive Order 7KK in May 2020, Connecticut pharmacists have continuously stepped up to provide COVID-19 testing. Over 100 pharmacists participated in CPA’s COVID-19 Testing Training Program in May to gain the tools needed to provide COVID-19 tests effectively, safely, and compliantly. Many of these pharmacists have continued their comprehensive training through Part 2 of the program, which launched in October 2020.
- o As the state of Connecticut continues to re-open the economy, testing will be paramount. Pharmacies provide a safe and easy testing site for patients, as people who want to schedule an appointment can simply visit their pharmacy’s website and reserve a time slot without a doctor’s authorization.
- o While the process of becoming a COVID-19 testing site has been an easier one for retail pharmacies such as CVS and Walgreens, barriers remain for independent pharmacies, such as billing and reimbursement.

## **ISSUE: PUBLIC OPTION INSURANCE**

**POSITION:** SUPPORT WITH MODIFICATIONS

**PURPOSE:** To create a public option in the Connecticut health marketplace

**OUR OPINION:** Although we applaud the state’s efforts to expanding access to health insurance, a public option insurance plan has some significant issues to consider for Connecticut pharmacists:

- Access: the 2019 proposal suggested that it would include only one pharmacy benefit manager (PBM) and distribution network: CVS, which already holds a monopoly on the state of Connecticut employee health insurance pharmacy benefit program. This poses an unfair advantage over not only competing chain drug stores, but especially to independent pharmacies, many of which have closed their doors as the result of unfair business practices from PBMs. A public option must offer broad, fair access to patients and communities.
- Drug importation from Canada: The second version of the 2019 proposal included drug importation from Canada. If included in the revived proposal, this provision would not only jeopardize patient safety, but would also undermine the Drug Supply Chain Security Act (DSCSA), also known as “the track-and-trace law.” Pharmacies have invested time and money

to put DSCSA systems in place, so this provision creates a disincentive for further investment and compliance.

- Additionally, under a drug importation program, FDA-approved and Canadian versions of the same drug would be commingled in the marketplace, thereby creating pharmacy operation disruptions that could introduce barriers to access that may compromise patient safety.

## **ISSUE: COLLABORATIVE DRUG THERAPY MANAGEMENT AGREEMENTS BETWEEN PHARMACISTS AND PHYSICIANS OR ADVANCED PRACTICE REGISTERED NURSES**

**POSITION:** STRONGLY SUPPORT

**OUR OPINION:** Connecticut's current collaborative practice law unintentionally creates barriers for pharmacists and their patients, leading to challenges with recruiting and retaining quality pharmacy talent and faculty, particularly in ambulatory care settings. We recommend the following revisions to the current statute:

- Require that pharmacists communicate any encounters *within* 30 days rather than *every* 30 days.
- Allow signatures in a collaborative practice agreement to include all physicians, APRNs and pharmacists within a medical group, rather than each individual practitioner.
- Clarify a written protocol-based agreement.
- Enhance physician/APRN and patient relationship by revising the role of pharmacists in population health-based agreements based on a patient diagnosis or test result.

## **ISSUE: LEGALIZATION OF ADULT-USE RECREATIONAL MARIJUANA**

**POSITION:** QUALIFIED SUPPORT

**PURPOSE:** To legalize adult use of recreational marijuana

**OUR OPINION:** For the sake of Connecticut's 45,000+ medical marijuana patients, it is imperative to protect the integrity, strength, and viability of the Connecticut Medical Marijuana Program if the state establishes a retail cannabis market. Dispensary pharmacists and staff are experts in the science and technology of marijuana and are a unique and valuable asset in developing and establishing adult-use—requiring pharmacist expertise in adult-use dispensaries will help to ensure safety and access for both markets.

Preserving and protecting the integrity of the medical program and, more importantly, its patients, requires statutory and regulatory differentiation. We suggest the following:

- Ensure sufficient funding for regulators (specifically DCP) to administer and oversee both a medical and a retail program;
- Establish a workable social equity plan, perhaps drawing upon dispensary revenue share for funding;
- Limit THC content and some products on adult-use products and guaranteeing that medical marijuana dispensaries have first access to products and exclusive access to certain high-potency or specialized products;

- Expand the producer roster to fully and completely supply both the medical and adult-use markets;
- Limit the number and locations of retail dispensaries;
- Offer existing (and willing) medical dispensaries to have first license opportunities, ensuring strong oversight and experience;
- Maintain the tax exemption on medical products;
- Eliminate registration fees and other red tape for patients;
- Enforce robust laboratory testing of retail product to ensure compliance and regulatory standards are met.

## **CONTACTS**

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