

## Testimony of Connecticut Pharmacists Association before the Insurance and Real Estate Committee In Support of An Act Concerning Diabetes and High Deductible Health Plans

Dear Rep. Scanlon, Sen. Lesser, Sen. Kelly, Rep. Pavalock-D'Amato and members of the Insurance and Real Estate Committee. My name is Nathan Tinker and I am the CEO of the Connecticut Pharmacists Association, which represents over 1,000 pharmacists, pharmacy residents and interns, pharmacy technicians, and supporters across Connecticut.

Thank you for your leadership in developing this important legislation. Access to insulin and a safe and predictable supply is vital to the health and wellness of diabetes patients. And thank you for working with us and listening to our concerns regarding many aspects of this bill, including protecting pharmacists against potentially destructive reimbursement policies.

We therefore ask you to consider the following suggestions to help strengthen the bill:

In Sec. 3(3), as currently written, each individual pharmacy would have the opportunity to develop their own patient application form. For both safety and consistency, it would be useful to have a uniform application. This form might be augmented by individual pharmacies, but the basic information should be consistent.

The present bill incorporates a number of provisions that will, by necessity, significantly increase the workload and change the daily workflow of pharmacists. We would ask to clarify whether the information gathering and reporting requirements to be performed by pharmacists (Sec. 4 (7) and ff.) may also be performed by a pharmacy intern, particularly in relation to accessing and utilizing the prescription drug monitoring program (PMP). The legislation currently references a "pharmacist or agent" and specifically notes pharmacy technicians, but does not specifically note pharmacy interns. (Pharmacy interns are licensed and regulated by DCP; they are often students completing their required rotations for the PharmD degree, and they work under the supervision of a pharmacist in a pharmacy or institutional pharmacy for the purpose of obtaining the professional experience required to be licensed as pharmacists.)

Also regarding the PMP, we appreciate that many of the requirements included will not be implemented for some time, giving pharmacists time to develop workflows and operating procedures to accommodate the new statute. We look forward to clarification about the reporting and access procedures related to incorporating insulin into the PMP and stand ready to provide professional information and insight.

In closing, pharmacists are uniquely positioned in the insulin pathway to help patients get the insulin they need when they need it, safely and cost-effectively. We look forward to continued collaboration as this legislation moves forward.