

Good Morning,

My name is Robert Hamilton and I am Associate Dean of the Vermont Campus of Albany College of Pharmacy and Health Sciences in Colchester, VT. I am here to speak in favor the opioid legislation as it addresses a significant public health problem in the state. While I am supportive of all of the legislation, I specifically wish to speak in support of sections 5 through 8 which will expand the practice of pharmacy.

To become a pharmacist, our students complete a four year curriculum leading to the Doctor of Pharmacy degree. All pharmacy programs must be accredited by the Accreditation Council for Pharmacy Education. Most students will enter the program having already obtained a bachelor's degree. The four year curriculum is made up of three years of didactic, classroom education in the fields of pharmaceutics, the study of dosage forms; pharmacology, the study of drug action on the body; therapeutics, how to use those drug actions to improve patient outcomes; and additional related coursework. The fourth year of the curriculum is spent on rotations, or internships or externships, practical experiences under the direct supervision of a pharmacist who will guide them in the application of this knowledge.

There is ample literature documenting that pharmacists can deliver drug therapy and achieve optimal outcomes to improve patients' quality of life. A report to the surgeon general which reviews this literature was submitted to accompany this testimony. This literature demonstrates that for a variety of chronic disease states, such as hypertension, high cholesterol and diabetes, pharmacists can obtain better control of the condition than usual care, generally at a lower cost. The most widely demonstrated model of this is in the VA healthcare system where pharmacists typically manage veteran's anticoagulant therapy. They are able to lower the risk of bleeding associated with this therapy while obtaining the desired therapeutic outcome of avoiding strokes and other thromboembolic events. Pharmacists in the VA and in other settings routinely deliver this care for a number of chronic diseases.

Pharmacists in these roles typically work with primary care providers such that the primary care provider will make the diagnosis and initiate therapy with follow up being done by the pharmacists. This doesn't mean the patient does not visit their primary care provider, but rather that they might see the pharmacist on a monthly basis for initial control of the condition and regular monitoring, but still visit their primary care provider every 6 months or annually as desired. This frees up the primary care provider to provide care for more acute conditions.

Yesterday, at the Blueprint For Health Conference, Claire Oatway, Chief Operating Officer of the Beacon Medical Group, described how their organization is using pharmacists in just this fashion to expand the delivery of care to their patients.

By expanding the definition of pharmacy practice and enabling collaborative practice agreements, the legislation the committee is considering would allow pharmacists to more actively participate in the healthcare of Vermonters and improve therapeutic outcomes.

Thank you