

Leclair, Cheryl (RIDOH)

From: Jeffrey Bratberg <jefbratberg@uri.edu>
Sent: Monday, October 3, 2022 7:31 PM
To: Leclair, Cheryl (RIDOH); Pullano, Paula (RIDOH)
Cc: Ragosta, Peter (RIDOH)
Subject: [EXTERNAL] : Fwd: Comment on Regulations
<https://rules.sos.ri.gov/promulgations/part/216-40-15-1>

Greetings and Thank you for accepting my comment. I had typed up a version of what's listed below and submitted Friday online, but it doesn't seem to be registering, and my website isn't accepting comments now.

My request is fairly simple:

I applaud the work of those who wrote these draft regulations, and I appreciate the level of thoughtfulness and scrutiny that was invested in them. Clearly, the goal of these changes is to expand healthcare access via standing orders and implement statutory changes to the pharmacist's scope of practice regarding medication administration. However, there's one small change that I would like to see, that could have outsized benefits for a marginalized group of Rhode Islanders - transmasculine people seeking and sustaining gender-affirming care through testosterone medications.

Although the medication administration regulations in 1.11.3 B. 9 lists "Hormones and Hormone Analogs" as a drug class that pharmacists can administer, testosterone-containing medications are schedule 3 controlled substances in the Controlled Substances Act (CSA), after Congress passed the Anabolic Steroid Act of 1990. This was passed because of concerns of misuse, despite the lack of evidence that these products result in dependence and opposition from both medical associations and government agencies like the FDA and the DEA.

In 2022, use of testosterone products used by transmasculine people, in particular, results in improved quality of life and lowers the prevalence of anxiety and depression. Still, the initiation and maintenance of testosterone is already difficult because of misinformation, unnecessary counseling requirements, discrimination, and drug shortages.

It's very unlikely that testosterone would be removed from the CSA or be reclassified in a less restrictive schedule. To potentially increase access to this medication class, particularly for a growing population that depends on it to treat gender dysphoria and side effects from withdrawal, I recommend making the following change (IN CAPS) to the regulations to permit pharmacist administration of testosterone products:

In 1.11.3 Administration of Medications:

E. Pharmacists shall not administer the following drugs or drug classes:

1. Chemotherapy agents, and
2. Controlled Substances, except those used for addiction treatment AND HORMONES.

More information: <https://healthlaw.org/increasing-access-to-testosterone-to-improve-the-lives-of-transmasculine-people/#:~:text=Unlike%20other%20hormones%20that%20are,such%20as%20estrogen%20and%20progesterone> [healthlaw.org].