



American Pharmacists Association

April 29, 2024

[submitted electronically via: [HouseFinance@rilegislature.gov](mailto:HouseFinance@rilegislature.gov)]

The Honorable Marvin L. Abney  
Chair, House Finance Committee  
State of Rhode Island General Assembly  
82 Smith Street  
Providence, RI 02903

**RE: H7273 (Casimiro) – Requires insurance coverage for all services provided by a pharmacist provided coverage of such services would have been covered if provided by a physician, advanced practice nurse, or physician assistant – SUPPORT**

Dear Chair Abney, First Vice Chair Slater, Second Vice Chair Marszalkowski, and members of the Finance Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [House Bill \(H\) 7273](#) (Rep. Casimiro). H7273 will require coverage of services provided by pharmacists practicing within their scope of practice by private and public health plans in the State. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also properly aligns the current role of the pharmacist, with their extensive education and training, to practice at the top of their license.

Substantial published literature clearly documents the proven and significant improvement to patient outcomes<sup>1</sup> and reduction in health care expenditures<sup>2</sup> when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Rhode Island is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented,

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<sup>1</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: [https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>2</sup> Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

health plans are recognizing the value of the pharmacist and investing to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.<sup>3</sup>

Given the unique patient population and barriers to care due to the primary health care worker shortage<sup>4</sup> in Rhode Island, we strongly believe considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists as the medication experts we are. As the most accessible healthcare professionals, pharmacists are a vital provider of care, especially for those living in underserved and rural communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall healthcare expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Rhode Island's recognition of many other health care providers.

It is also important to note these programs are not expected to raise costs for health plans, as published literature has shown pharmacist-provided care results in significant cost savings and healthier patients.<sup>5,6</sup> This strong return on investment supports why many other states that have established comparable programs. For example, Oregon, identified in their fiscal legislative analysis that the creation of a similar program that would permit pharmacists to engage in the practice of clinical pharmacy and provide patient care services to patients, would have "minimal expenditure impact on state or local government."<sup>7</sup>

For these reasons, APhA supports H7273 and respectfully requests your "AYE" vote. If you have any questions or require additional information, please contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,



Michael Baxter  
Vice President, Federal and State Legislative Affairs

cc: Representative Scott A. Slater, First Vice Chair  
Representative Alex Marszalkowski, Second Vice Chair  
Representative Karen Alzate  
Representative Jacquelyn M. Baginski  
Representative Nathan W. Biah  
Representative Terri Cortvriend

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<sup>3</sup> CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at

<https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

<sup>4</sup> <https://www.providencejournal.com/story/news/healthcare/2023/02/08/primary-care-doctor-shortage-in-ri/69843973007/>

<sup>5</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

[https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>6</sup> Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

<sup>7</sup> FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.

Representative Grace Diaz  
Representative John G. Edwards  
Representative Raymond A. Hull  
Representative George A. Nardone  
Representative William W. O'Brien  
Representative Brian J. Rea  
Representative Teresa A. Tanzi  
Representative Camille Vella-Wilkinson  
Representative Julie A. Casimiro  
Representative Michelle E. McGaw

**About APhA:** APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Rhode Island, with 1,140 licensed pharmacists and 1,520 pharmacy technicians, APhA represents the pharmacists, student pharmacists, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.