The Honorable Members of the House Committee on Finance
Representative Marvin L. Abney, Chair
Representative Scott A. Slater, First Vice Chair
Representative Alex Marszalkowski, Second Vice Chair
Rhode Island State House
82 Smith Street
Providence, RI 02903

**Re: H7273 (Casimiro) - AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES - Coverage of Pharmacist Services - SUPPORT**

Dear Chair Abney and members of the Committee:

I am writing in support of H7273 which requires insurance coverage for all services provided by a pharmacist provided coverage of such services would have been covered if provided by a physician, an advanced practice nurse, or a physician assistant.

Rhode Island is currently experiencing a primary care crisis so severe that proposals have been written to add a new medical school to train more primary care physicians. Yet thousands of pharmacists working in communities, health systems, and primary care offices are already providing unreimbursed medical services outside of medication dispensing and could rapidly and cost-effectively fill these gaps in care.

Pharmacists provide preventative care, disease state management, patient education, and medication management services. They are trained, underutilized, yet visible and accessible healthcare professionals who optimize the prevention and treatment of acute and chronic diseases. I am a pharmacy professor and public health advocate for expanding access to healthcare for our most underserved populations. **Throughout my 20+ year career practicing pharmacy, I have never been more excited than I am now about the far-reaching positive results this bill would provide the citizens of Rhode Island.**

This bill grants pharmacists the ability to be equitably paid for their primary care and public health services wherever they practice. In the largest healthcare system in the nation, the Veterans Administration (VA), pharmacists are both integrated into care teams and independently practice due to consistent cost-effective, sustained improvements in patient outcomes. **This system of pharmacist services can be replicated, sustained, and expanded outside the VA through insurer payment.** Some of these services include:

- Immunizations
- Medication and disease state management
- Test to treat sexually transmitted infections
- Hormonal contraceptive counseling
- Nicotine cessation services
- Emergency and pandemic medications
- Travel medication and counseling
- Hospital transitions of care management
- Addiction medication and referral services
- Emergency and pandemic medications
- Naloxone and harm reduction education
- HIV and Hepatitis C prevention and treatment
- Long-acting medication administration

In 2021, the state passed a law to expand the scope of practice of pharmacists to administer medications in addition to vaccines. These services are not widespread due to the lack of a payment mechanism. **For us to adequately serve our communities, equitable payment for these services must be established.**

This week, the Centers for Disease for Control and Prevention (CDC) published a report on the five leading causes of early death. **If pharmacists are able to be compensated for these services** (e.g. screenings, smoking cessation, opioid use disorder treatment), **they can reduce preventable deaths as well as emergency department visits and hospitalizations.**



García MC, Rossen LM, Matthews K, et al. Preventable Premature Deaths from the Five Leading Causes of Death in Nonmetropolitan and Metropolitan Counties, United States, 2010–2022. MMWR Surveill Summ 2024;73(No. SS-2):1–11. DOI: http://dx.doi.org/10.15585/mmwr.ss7302a1.

**I cannot emphasize enough the public health value, patient benefits, and cost savings that H7273 will provide the citizens of Rhode Island and I support its passage by the committee and full House.**

Sincerely,

Jeffrey Bratberg, PharmD, FAPhA