

STATE OF RHODE ISLAND



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February 29, 2024

The Honorable Susan R. Donovan, Chair
House Committee on Health and Human Services
State House
Providence, RI 02903

RE: 2024 – H 7445 – An Act Relating to Businesses and Professions – Pharmacies

Dear Chair Donovan:

I write in support of **H 7445, with OHIC's proposed amendments**, which would authorize a licensed pharmacist who successfully completes education on tobacco cessation therapy to prescribe and dispense tobacco cessation drug products to a qualified patient pursuant to rules adopted by the board of pharmacy. The Department supports the technical changes proposed by the Office of the Health Insurance Commissioner (OHIC) in their letter regarding this legislation. BHDDH also would defer to OHIC's position on the provisions related to commercial health insurance coverage.

Nationally, as of 2023, eighteen states have enacted laws or regulations which allow for some form of pharmacist prescribing of tobacco treatment interventions outside of a collaborative practice agreement.

On January 17, 2017, CMS' Center for Medicaid and CHIP Services (CMCS) issued a [bulletin](#) encouraging states to expand the scope of practice and services provided by pharmacists, including prescribing and dispensing drugs to facilitate easier access to medically-necessary and time-sensitive drugs for Medicaid beneficiaries. In the Bulletin, CMCS cited pharmacists' authority to initiate nicotine replacement therapy and other tobacco treatment in accordance with predetermined protocols as a means to expand access to care, especially for Medicaid and populations disproportionately impacted by priority public health issues.

The populations BHDDH serves, including individuals who have behavioral health-related disorders or intellectual and developmental disabilities (IDD), are disproportionately impacted by tobacco use. According to the National Council on Mental Wellbeing, although individuals with behavioral health disorders represent only 25% of the U.S. adult population, they consume 40% of cigarettes smoked by adults. Persons with behavioral health disorders die, on average, five to 25 years earlier than persons without behavioral health disorders, mostly due to tobacco-related illnesses, not from their underlying diagnoses. In addition, persons with behavioral health disorders who smoke have been found to have less access to tobacco treatment services and to experience delays in tobacco use screening and initiation of treatment services.

BHDDH strongly supports initiatives to reduce tobacco-related health disparities among vulnerable populations, including those with behavioral health disorders and/or IDD, through expanded access to tobacco treatment.

This bill will support these efforts while providing protections for high-risk individuals such as those with serious and persistent mental illness and/or a substance use disorder who may be susceptible to adverse reactions due to their psychopharmacologic regimens and/or who may not be able to provide a complete history regarding other medications or conditions to inform pharmacist prescribing decisions.

BHDDH encourages your favorable consideration of this important legislation with amendments as proposed by OHIC.

Sincerely,

A handwritten signature in black ink that reads "Louis A. Cerbo". The signature is written in a cursive style with a large initial "L".

Louis A. Cerbo, Ed.D.
Interim Director

cc: The Honorable Members of the House Committee on Health & Human Services
The Honorable Teresa A. Tanzi
Nicole McCarty, Esquire, Chief Legal Counsel to the Speaker of the House
Lynne Urbani, Director of House Policy