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Rhode Island
RISAS
Student Assistance Services



February 29, 2024

The Honorable Members of the House Health and Human Services Committee
Chair – Representative Susan R. Donovan
First Vice Chair – Representative Joshua J. Giraldo
Second Vice Chair – Representative Brandon C. Potter

RE: Support for House Bill 7445

Dear Chair Donovan and Members of the House Health and Human Services Committee:

Our organizations support increasing access to cessation medications by giving pharmacists prescriptive authority for those cessation medications. We appreciate the opportunity to provide testimony in support of House Bill 7445 introduced by Representative Tanzi. This bill would increase access to cessation treatment for Rhode Islanders by allowing pharmacists to prescribe cessation medications. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 Americans annually, 1,780 Rhode Islanders.¹ An additional 16 million Americans live with a disease cause by tobacco.²

In January 2020, Surgeon General Jerome Adams released *Smoking Cessation: A Report of the Surgeon General*.³ One of the major conclusions of this report was that “Smoking cessation medications approved by the U.S. Food and Drug Administration (FDA) and behavioral counseling are cost-effective cessation strategies”. Cessation medications approved by the FDA and behavioral counseling increase the likelihood of successfully quitting smoking, particularly when used in combination. Using combinations of nicotine replacement therapies can further increase the likelihood of quitting. Data show that across demographics, including age, insurance status and education level, most people who smoke want to quit.⁴ This recommendation, if put into practice by providers across the country, could have a substantial impact on helping people who smoke quit and improving health. Unfortunately, the 2020 Surgeon General’s Report also found that less than one third of individuals making a quit attempt used cessation medication approved by the FDA or behavioral counseling to help them quit, which are the most effective interventions that exist to help people who smoke quit.

There are many barriers to accessing FDA-approved tobacco cessation medications. One barrier that can make it harder for a smoker to access treatment is a prescription, which is required for four treatments (NRT inhaler, NRT nasal spray, bupropion, varenicline). Other of the FDA-approved treatments are currently available over-the-counter (OTC). With a prescription, these OTC treatments are covered without cost-sharing for most Americans, including Medicaid enrollees in Rhode Island. Despite the Rhode Island Medicaid program covering all seven

medications, utilization of these treatments is low. One study estimated only two percent of Medicaid enrollees in Rhode Island receive a prescription for a tobacco cessation medication.⁵

Many people who smoke purchase their quit smoking treatments from a pharmacy. Cost may be a deterrent for patients obtaining their over-the-counter medication. The Centers for Medicare and Medicaid Services (CMS) issued [a bulletin in January 2017](#) that explicitly allows expansion of the prescribing authority for pharmacists and permitting standing orders for Medicaid enrollees. Allowing trained pharmacists to write prescriptions for the seven FDA-approved cessation medications, as outlined in House Bill 7445, can increase access to low- or no-cost treatments for Medicaid beneficiaries and other patients in Rhode Island. Increasing the number of people who smoke that quit, can save lives and save the state money.

This legislation also has important safeguards. The bill requires pharmacists who have not already done so, to complete education on tobacco cessation and requires pharmacists to provide counseling to patients on quitting. This is the best practice for helping someone quit. Our organizations are pleased to support House Bill 7445 and encourages the committee to quickly vote in favor. This bill will increase access to tobacco cessation treatment for Rhode Islanders, saving both lives and money. Thank you for your consideration.

Sincerely,

*American Lung Association
American Cancer Society Cancer Action
Network
Rhode Island Pharmacist Association*

*Preventing Tobacco Addiction Foundation
Campaign for Tobacco Free Kids
CODAC Behavioral Healthcare
Rhode Island Student Assistance Services*

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¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

² U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

³ U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

⁴ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. *MMWR Morb Mortal Wkly Rep* 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>

⁵ Ku L, Bruen BK, Steinmetz E, Bysse T. Medicaid tobacco cessation: big gaps remain in efforts to get smokers to quit. *Health Aff (Millwood)*. 2016;35(1):62–70. doi:10.1377/hlthaff.2015.0756