



March 21, 2023

[submitted electronically via: SenCL@sen.state.nv.us]

The Honorable Pat Spearman
President Pro Tempore
Chair, Committee on Commerce and Labor
2129 Nevada Senate
401 S. Carson St.
Carson City, NV 89701-4747

RE: SB 201 (Stone) – Revises provisions governing pharmacists. – SUPPORT

Dear Chair Spearman:

The American Pharmacists Association (APhA) writes in support of [Senate Bill \(SB\) 201](#) (Senator Stone) and request for the bill to be scheduled for a hearing by your committee. SB201 makes several updates to better align the role of the pharmacist with their extensive education and training and allows for the reimbursement of services provided by pharmacists practicing within their scope of practice by private and public health plans.

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 Nevada, with 2,510 licensed pharmacists and 4,450 pharmacy technicians, APhA represents the pharmacists and students 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.

SB201 better aligns the pharmacists' role with their education and training by allowing pharmacists to order laboratory tests and furnish medications to facilitate the care of their patient. Pharmacists currently have authority in Nevada during the public health emergency due to Declarations under the Public Readiness and Emergency Preparedness (PREP) Act to test and treat for COVID-19. Nevada pharmacists have been testing and treating for COVID-19 since September 2021, when the U.S. Department of Health and Human Services (HHS) issued the ninth amendment under the PREP Act for Medical Countermeasures Against COVID-19. This amendment authorized pharmacists to order and administer FDA authorized, approved,

or licensed subcutaneous, intramuscular, or oral COVID-19 therapeutics.¹ As beneficial as this temporary federal authority has been in expanding access to care and relieving some of the burden on an overstressed healthcare system, it is set to expire in October 2024. SB201 makes this temporary federal authority permanent under pharmacists' state scope of practice to minimize interruptions to patient access to valuable services provided by pharmacists and ensure Nevada can meet its public health needs.

Additionally, SB201 makes important changes to allow for the reimbursement of services provided by pharmacists practicing within their scope of practice by private and public health plans. Substantial published literature clearly documents the proven and significant improvement to patient outcomes² and reduction in health care expenditures³ 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 Nevada is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, 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, we are observing health plans recognizing the value of the pharmacist and investing in the services they provide in order to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.⁴

As the most accessible healthcare professionals, pharmacists are a vital provider of care, especially for those living in underserved and remote 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 Nevada's recognition of many other health care providers.

As you may be aware, many of Nevada's neighborhood pharmacies, especially those in rural communities⁵, are closing as a result of the unsustainable reimbursement model in the drug supply chain enhancing health care disparities. Without immediate changes, the current payment model is putting many independent pharmacies out of business and creating "pharmacy deserts" in minority and underserved communities, where the neighborhood pharmacy may be the only health care provider for miles.⁶

The expansion of programs that allow for the direct reimbursement of services provided by pharmacists through Medicaid, Medicaid Managed Care Organizations, and private health plans opens additional

¹ Ninth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19. Available at <https://www.federalregister.gov/documents/2021/09/14/2021-19790/ninth-amendment-to-declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical>.

² 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

³ 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>

⁴ 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/>

⁵ Hawryluk M. Large parts of rural America are becoming drugstore deserts. These small towns found an escape. *The Washington Post*. Published December 15, 2021. Available at <https://www.washingtonpost.com/business/2021/12/03/drugstore-deserts-rural-america/>

⁶ Guadamuz, Jenny. Et. al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021, available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01699>

opportunities for these pharmacists to maintain their practice and provide valuable health care services that are necessary for many Nevada communities. The Nevada Department of Health and Human Services Division of Health Care Financing and Policy (DHCFP) has already laid a strong foundation that allows pharmacists to bill for hormonal contraceptive services and services that prevent the acquisition of human immunodeficiency virus (HIV). This program was approved in DHCFP's state plan⁷ by the Centers for Medicare and Medicaid Services (CMS). We anticipate that the strong foundation laid by DHCFP will streamline the process internally to cover services within pharmacists' scope of practice.

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 cost savings and healthier patients.^{8,9} This strong return on investment supports why many other states that have established comparable programs. For example, Oregon, identified in their fiscal legislative analysis the creation of a similar program would have "minimal expenditure impact on state or local government."¹⁰

For these reasons, APhA strongly supports SB 201 and respectfully requests for the bill to be scheduled for a hearing by your committee. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,



Michael Baxter
Acting Head of Government Affairs
American Pharmacists Association

⁷ Nevada SPA 21-0013. Available at <https://www.medicaid.gov/medicaid/spa/downloads/NV-21-0013.pdf>.

⁸ 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

⁹ 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>

¹⁰ 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>.