



April 22, 2024

[submitted electronically via: SLegislation@rilegislature.gov]

The Honorable Joshua Miller
Chair, Senate Health and Human Services Committee
41 Talbot Manor
Cranston, RI 02905

RE: S2167 (Valverde) – Pharmacists & Tobacco Cessation Therapies – SUPPORT

Dear Chair Miller, Vice Chair Valverde, Secretary Lauria, and members of the Health and Human Services Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [Senate Bill \(S\) 2617](#) (Vice Chair Valverde). This bill will authorize pharmacists to prescribe and dispense tobacco cessation therapy medications and allows for the reimbursement of services provided by pharmacists **Reimbursement for these services is a vital component in this bill to ensure implementation and uptake of this vital care for Rhode Islanders.**

The decision to quit using tobacco products is often a spontaneous one, which means that increased access to care in settings close to and convenient for patients is key. Nearly 90% of Americans live within five miles of a community pharmacy, and pharmacies are often open nights and weekends, when other care settings are closed. Pharmacists are frequently referred to as the most accessible healthcare professional, as many patients can ask for advice and counseling regarding their health and medications without the requirement of an appointment. Pharmacists are the healthcare system's medication experts and are highly qualified to analyze and optimize medication regimens to lower costs and improve health. More importantly, pharmacists have demonstrated the ability to achieve quit rates equivalent to or higher than other healthcare professionals.¹ Aligning Rhode Island pharmacists' scope of practice with their education and training by allowing them to furnish tobacco cessation therapy medications will align Rhode Island with 14 other states that have recognized pharmacists' ability to impact this public health issue and have authorized pharmacist prescribing of tobacco cessation aids.²

Additionally, S2617 makes important changes to allow for the reimbursement of tobacco cessation services provided by pharmacists practicing within their scope of practice by health plans. Substantial published

¹ Adams AJ, Hudmon KS. Pharmacist prescriptive authority for smoking cessation medications in the United States. *Journal of the American Pharmacists Association*. 2018;58(3):253-257. Available at [https://www.japha.org/article/S1544-3191\(18\)30001-3/fulltext#relatedArticles](https://www.japha.org/article/S1544-3191(18)30001-3/fulltext#relatedArticles).

² Pharmacist Prescribing: Tobacco Cessation Aids. Available at <https://naspa.us/resource/tobacco-cessation/>.

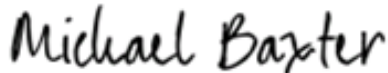
literature clearly documents the proven and significant improvement to patient outcomes³ and reduction in health care expenditures⁴ when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services 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, 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, health plans are recognizing the value of the pharmacist and investing in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.⁵

As the most accessible healthcare professionals, pharmacists are a vital provider of healthcare, 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 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 cost savings and healthier patients.^{6,7} 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."⁸

For these reasons, APhA supports S2617 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.

Sincerely,



Michael Baxter
Vice President, Federal and State Legislative Affairs

³ 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

⁴ 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>

⁵ 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/>

⁶ 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

⁷ 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>

⁸ 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>.

cc: Senator Bridget Valverde, Vice Chair
Senator Pamela J. Lauria, Secretary
Senator Alana DiMario
Senator Elaine J. Morgan
Senator Linda L. Ujifusa

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.