Dear Majority Leader Takubo and Minority Leader Prezioso:

On behalf of the over 2,100 registered pharmacists in West Virginia, the American Pharmacists Association (APhA), American Society of Health-System Pharmacists (ASHP), National Association of Chain Drug Stores (NACDS), National Alliance of State Pharmacy Association (NASPA), and National Community Pharmacists Association (NCPA) are writing in support of Senate Bill 787 (S.B. 787). We ask you to support this critical legislation. S.B. 787 would require reimbursement of patient-care services within the pharmacist’s scope of practice. Improving patient access to care requires reimbursement for services provided by clinicians in West Virginia, including pharmacists. Failure to do so will disproportionately impact patients who are already underserved, including those in rural communities.

While pharmacists are best known for dispensing prescription medications and helping patients use them safely, today’s pharmacists receive clinically-based doctor of pharmacy degrees and have the background and training necessary to provide needed services to patients. Pharmacists are also often the most accessible healthcare professionals for patients. In West Virginia, pharmacists are able to prescribe tobacco cessation therapy and self-administered hormonal contraceptives, as approved by the Commissioner of the Bureau for Public Health, in collaboration with the Board of Pharmacy and the Board of Medicine, but are not reimbursed like other providers. S.B. 787 would require health plans to reimburse pharmacists for these services as they would for other healthcare providers. The bill would not change the scope of services that pharmacists are authorized to provide in West Virginia.

S.B. 787 creates an opportunity for healthcare systems and community pharmacies to improve patient access to care in their communities. According to the 2017 West Virginia Behavioral Risk Factor Surveillance System Report, 26% of West Virginians adults smoke cigarettes and 40.3% have been told by their doctor to quit smoking.1 With almost one-fifth of West Virginians reporting that they do not have a personal doctor, pharmacists have the ability to provide this important care.2 Payment models that preclude participation from healthcare practitioners who are qualified to provide care, such as pharmacists, have the unintended consequence of limiting access to care, including care in community pharmacies that are often in rural settings. Reimbursing pharmacists for services would support patient access to pharmacist-provided primary care services, including those in rural and medically underserved communities.

Pharmacist-provided patient care services demonstrate improved patient outcomes and reduced overall healthcare costs. For example, previous systematic reviews indicate positive returns on

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investment when evaluating broader cognitive pharmacist services as a whole, with up to $4 in benefits expected for every $1 invested in clinical pharmacy services.\textsuperscript{3}

Thank you for considering this important legislation to leverage pharmacists to better meet the needs of patients in West Virginia. If you have any questions regarding this letter, or if we can be of any assistance, each organization’s contact person is below.

Sincerely,

American Pharmacists Association (APhA)
American Society of Health-System Pharmacists (ASHP)
National Association of Chain Drug Stores (NACDS)
National Alliance of State Pharmacy Association (NASPA)
National Community Pharmacists Association (NCPA)

cc: West Virginia Pharmacy Association
    West Virginia Society of Health-System Pharmacists