The Honorable Chair Susan Donovan
Chair, House Committee on Health & Human Services
State House
82 Smith Street, Room 101
Providence, RI 02903
RE: H7445 - An Act Relating to Businesses & Professions - Pharmacies

28 February 2024

[submitted electronically via: HouseHealthHumanServices@rilegislature.gov]

Dear Chair Donovan and Members of the Committee:

My name is Brianna Kimball, and I am writing to provide support for **H7445**. I am currently a clinical pharmacist and COPD Clinical Program Lead, practicing at Rhode Island Physicians Corporation (RIPCPC), but I am writing this testimony on behalf of myself and not of my employer.

H7445 would allow pharmacists to initiate FDA-approved tobacco cessation drug therapies, resulting in expanded access to patients and improvement in health outcomes. Approximately 90% of the population is within 5 miles of a pharmacy, therefore, pharmacists are well-positioned to easily provide high-quality patient care services for tobacco cessation. It is well-known that complete tobacco cessation can require more than 10-15 quit attempts, with success being closely correlated to the number of touchpoints or follow-ups patients receive throughout these attempts. Increased accessibility to tobacco cessation services provided by pharmacists across all healthcare settings can help support patients on their journey to successfully achieving tobacco cessation, as well as complement the support with established providers and other members of the interdisciplinary team. It is well-established that tobacco use can increase a person's risk for developing serious health conditions, including lung cancer, chronic obstructive pulmonary disease (COPD), coronary artery disease, stroke, as well as increase overall mortality.

As a clinical pharmacist at Rhode Island Primary Care Physicians Corporation embedded in different primary care practices, I collaborate directly with patients and members of the interdisciplinary care team to provide high-quality tobacco cessation services. I follow the patients closely to provide tobacco cessation screening, motivational counseling, screen and monitor for drug-drug interactions, initiate, and adjust tobacco cessation therapies under a collaborative practice agreement, provide medication education and ongoing support to patients. I am fortunate to see the positive impact on patients, but I realize I am in a unique situation, as there is inequity in accessibility to such services.

If passed, the Board of Pharmacy Rules would state that a qualified pharmacist may prescribe tobacco cessation medications and provide medication counseling on tobacco cessation. Standard screening can occur easily and in less than 15-30 minutes, which can easily be incorporated into the pharmacist's workflow. Furthermore, pharmacists are known to improve quality patient care, and cost-savings.

Thank you for your consideration, Brianna Kimball, PharmD, BCACP, CDOE, CVDOE

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