

13 March 2025

The Honorable Susan Donovan Chair, House Committee on Health & Human Services

State House

82 Smith Street

Providence, RI 02903

RE: (RI H5627)– AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Dear Chair Donovan and members of the Committee:

My name is Alyssa Soares, and I am a registered pharmacist in Rhode Island. I am writing this letter in strong support of the House Bill RI H5627 and the companion bill that has also been introduced in the Senate, which would allow pharmacists to receive Medicare Part B reimbursements for various patient care services.

This bill is especially important in Rhode Island as we are currently facing a primary care provider shortage which limits access to patient care. In October 2024, the former Rhode Island Department of Health director, Dr. Michael Fine, estimated that between 200,000 and 400,000 people in Rhode Island lack a primary care provider, or one-quarter to one-half of all adults in the state.¹ Dr. Fine also expects this statistic to worsen with some physicians retiring from practice. By granting pharmacy reimbursement under Medicare Part B, this would leverage pharmacists through collaborative practice agreements to address gaps in care and provide patients with more accessible care. A collaborative practice agreement is a formal agreement between a physician and pharmacist that allow for expanded services by the pharmacist under the license of the physician.

It is estimated that nearly half of Americans have at least one or more chronic disease conditions, which account for over 85% of total U.S. health care costs annually.² Pharmacists go through extensive education and training to be able to effectively manage medication therapy, educate patients, evaluate laboratory tests and much more, which make them a valuable resource and extension of providers in managing these disease states.

As a pharmacist in Rhode Island, I see firsthand how our role in patient care directly benefits patient outcomes and provides an alternative option for healthcare access, especially to patients who are unable to find a primary care provider. Additionally, patients tend to be more engaged and feel more comfortable when a pharmacist is directly involved in their care plan compared to usual care.³ Through Bill RI H5627, pharmacists can continue to provide and expand on services through collaborative practice agreements that have been shown to improve medication adherence, thus lowering overall healthcare costs.^{3,4}

To conclude, I strongly support House Bill RI H5627.

Best regards,

Alyssa Soares, PharmD

References:

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2. Holman HR. The Relation of the Chronic Disease Epidemic to the Health Care Crisis. *ACR Open Rheumatol*. 2020 Mar; 2(3): 167–173. doi:10.1002/acr2.11114. 4. Accessed March 12, 2025.
3. Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-delegated unobserved induction with buprenorphine in pharmacies. *N Engl J Med* 2023;388(2):185-6. Accessed March 11, 2025.
4. White ND, Lenz TL, Skrabal MZ, Skradski JJ, Lipari L. Long-Term Outcomes of a Cardiovascular and Diabetes Risk-Reduction Program Initiated by a Self-Insured Employer. *Am Health Drug Benefits*. 2018;11(4):177-183. Accessed March 11, 2025.