



March 12, 2025

[submitted electronically via: [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov)]

The Honorable Susan R. Donovan  
Chair, Rhode Island House Health and Human Services Committee  
82 Smith Street  
Providence, RI 02903

**RE: H5627 (Casimiro): Requires health insurance providers to provide insurance coverage for pharmacists' services – SUPPORT**

Dear Chair Donovan, First Vice Chair Giraldo, Second Vice Chair Potter, and members of the House Health and Human Services Committee:

The Rhode Island Pharmacists Association (RIPA) and the American Pharmacists Association (APhA) appreciate the opportunity to support House Bill (H) [5627](#) (Rep. Casimiro). H5627 will require coverage of services provided by pharmacists practicing within their scope of practice by private and public health plans in the State. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also properly aligns the current role of the pharmacist, with their extensive education and training, to practice at the top of their license.

Substantial published literature documents the proven and significant improvement to patient outcomes<sup>1</sup> and reduction in health care expenditures<sup>2</sup> 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, Nevada, 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 to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.<sup>3</sup>

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<sup>1</sup> 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](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>2</sup> 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>

<sup>3</sup> 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/>

Given the unique patient population and barriers to care due to the primary health care worker shortage<sup>4</sup> in Rhode Island, RIPA and APhA strongly believe considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists as the medication experts we are. As the most accessible health care professionals, pharmacists are vital providers of care, especially for those living in underserved communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall health care 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 that these programs are not expected to raise health plan costs, as published literature has shown that pharmacist-provided care results in significant cost savings and healthier patients.<sup>5,6</sup> A recent scoping review evaluating the return on investment (ROI) of pharmacists' services among non-hospitalized patients found an ROI ranging "from \$1.29 to \$18.50 per dollar spent on the pharmacy service among the 19 studies that reported ROI as a ratio."<sup>7</sup> This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that the creation of a similar program that would permit pharmacists to engage in the practice of clinical pharmacy and provide patient care services to patients would have "minimal expenditure impact on state or local government."<sup>8</sup>

For these reasons, RIPA and APhA support H5627 and respectfully request your "AYE" vote. If you have any questions or require additional information, please don't hesitate to contact Chris Federico, PharmD, BCACP, Immediate Past-President, RI Pharmacists Association, [info@ripharmacists.org](mailto:info@ripharmacists.org), and E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,

Chris Federico PharmD, BCACP  
Immediate Past-President, 2023-2024  
Rhode Island Pharmacists Association

Michael Baxter  
Vice President, Government Affairs  
American Pharmacists Association

cc: Representative Joshua J. Giraldo, First Vice Chair  
Representative Brandon C. Potter, Second Vice Chair  
Representative Mia A. Ackerman  
Representative David A. Bennett  
Representative Jennifer Boylan  
Representative Megan L. Cotter

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<sup>4</sup> <https://www.providencejournal.com/story/news/healthcare/2023/02/08/primary-care-doctor-shortage-in-ri/69843973007/>

<sup>5</sup> 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](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>6</sup> 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>

<sup>7</sup> Almodovar AS, Blankenship B, Murphy EM, et al. Return on investment of pharmacists' services among non-hospitalized patients: A scoping review. Research in Social and Administrative Pharmacy. 2025. Article in Press. DOI: [10.1016/j.sapharm.2025.01.012](https://doi.org/10.1016/j.sapharm.2025.01.012)

<sup>8</sup> 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>.

Representative Kathleen A. Fogarty  
Representative Arthur Handy  
Representative Marie A. Hopkins  
Representative Rebecca M. Kislak  
Representative Michelle E. McGaw  
Representative David J. Place  
Representative June Speakman  
Representative Jennifer A. Stewart  
Representative Julie A. Casimiro  
Lynne Urbani, Director of Policy for the Speaker of the Rhode Island House of Representatives

**About RIPA:** Established in 1874, RIPA has a rich history and is one of the oldest state pharmacist associations in the country. RIPA unites all pharmacists of the state for professional development and advancement, elevates practice standards, advocates for pharmacy, disseminates relevant scientific and professional information, and encourages collaboration between all allied health professions toward the improvement of public health.

**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 1,170 licensed pharmacists and 1,590 pharmacy technicians, APhA represents the pharmacists and student pharmacists who 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.