



Rhode Island Pharmacists Association

1643 Warwick Avenue, PMB 113, Warwick, RI 02889

www.rhipharmacists.org

18 March 2025

[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Susan Donovan Chair, House Committee on Health & Human Services
82 Smith Street
Providence, RI 02903

RE: H5633 (McGaw)– An Act Relating to Businesses & Professions – Pharmacies - SUPPORT

Dear Chair Donovan and members of the Committee:

The Rhode Island Pharmacists Association is in support of H5633, which would allow pharmacists to authorize a **one-time refill for chronic medications up to 100 days**.

Why 100 days?

Many insurers are now requesting prescribers to consider 100-day supply to improve adherence. Please see **Figure 1** for a request sent by Prime Therapeutics to a Primary Care Physician this February.

Background:

As you are well aware, our healthcare system is facing a critical shortage of primary care physicians, compounded by increasing demands for patient care. Meanwhile, pharmacists have continually demonstrated their ability and readiness to take on more integrated roles within healthcare teams. Countries like Canada and the United Kingdom have successfully leveraged pharmacists in this capacity, yielding positive healthcare outcomes and reducing the burden on physicians.

Allowing pharmacists to provide a one-time extension of a patient's chronic medications would enable pharmacists to manage chronic disease states and improve therapy outcomes.

Benefits include:

1. Enhanced Healthcare Delivery:

- Pharmacists are highly trained to assess and manage medication therapies, thereby reducing errors and optimizing patient outcomes. Studies have shown that pharmacist-led programs result in improved medication adherence and management, identifying more drug-related issues than traditional physician-led renewals. More importantly, no safety signals have been identified, and still helps connect patients back to their medical provider.

2. Alleviation of Physician Burden:

- With physicians increasingly stretched, pharmacist-led authorizations can alleviate their workload, allowing them to focus on more complex patient care needs.

3. Cost Savings:

- By improving medication adherence and therapy optimization, these programs can significantly reduce healthcare costs. For instance, in specific settings, pharmacist interventions have led to substantial savings, both by preventing adverse events and by reducing unnecessary hospitalizations.
- Pharmacist-led refill authorization programs can yield monetary benefits through cost-savings. One 30-day study serving 32 patients in a pharmacist refill clinic calculated a \$1235 cost savings. This amounts to \$38.59 saved per patient per month. ¹

¹ Billups SJ, Delate T, Newlon C, Schwiesow S, Jahnke R, Nadraash A. Outcomes of a pharmacist-managed medication refill program. J Am Pharm Assoc. 2013 Oct;53(5):505 – 12

- Furthermore, a 2001-2002 study of a Navy Hospital showed a total \$70,691 savings for the 573 patients that were cared for by a pharmacist versus a physician.²
- In addition, since medication nonadherence contributes to 10% of hospitalizations and up to \$300 billion in health care spending, the role of pharmacists in improving adherence rates through refill authorizations can help to reduce hospitalization-related costs as well.³

4. Improved Access to Care:

- Enabling pharmacists to authorize refills helps to bridge gaps in care, ensuring timely access to necessary medications for patients, particularly in underserved areas.
- Patients without refills are often told to seek urgent care or the emergency department as an alternative, only to be given another 30 day supply, wait hours on end to be seen and clog up the waiting room for more complex and urgent patient cases.

Some may express concern about the workload on community pharmacists or question their capacity for this expanded role, pharmacists are not only capable but eager to step up. Moreover, with the support of pharmacy technicians and enhanced access to electronic health records or pharmacy claims data, pharmacists are well-positioned to manage these responsibilities efficiently.

The key barrier remains the need for legislative change to recognize pharmacists as healthcare providers, enabling them to bill for patient care services. I urge this committee to recommend such legislative adjustments to help bridge the gap for chronic care.

Expanding the role of pharmacists to include refill authorizations is a practical, evidence-based approach to improving healthcare delivery. It aligns with the broader goal of a patient-centered care model and supports the strategic use of our healthcare workforce.

I respectfully ask for your support in advancing this legislative change, which will enhance the quality of care for our citizens, streamline healthcare delivery, and reduce overall system costs.

Thank you and please reach out with any questions,

Chris

--

Chris Federico PharmD, BCACP
Rhode Island Pharmacist Association

Jeffrey Del Ricci Jr. PharmD
President | Rhode Island Pharmacists Association
info@ripharmacists.org

² Riege VJ. A Patient Safety Program & Research Evaluation of U.S. Navy Pharmacy Refill Clinics. In: Henriksen K, Battles JB, Marks ES, et al., editors. *Advances in Patient Safety: From Research to Implementation (Volume 1: Research Findings)*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2005 Feb. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK20462/>

³ McGuire MIuga. Adherence and health care costs. *Risk Manag Healthc Policy*. 2014;7:35-44. doi:10.2147/rmhp.s19801

Appendix

Figure 1 – Prime Therapeutics Refill Request Consideration

Improve medication adherence

[↗ Reconcile with Patient's Chart](#)

Action requested: Consider prescribing 100 day supply

Chronic conditions make up more than 80 percent of the U.S. health care spend. Studies show that 50 percent of people do not take their medicines as prescribed. Improving adherence can reduce complications and hospitalization rates for many chronic conditions. Members filling their medications with extended days supplies had an associated significantly higher adherence.

The most recent medication claim(s) for which you have been identified as the prescriber are listed below.
