

8 April 2025

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

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

Dear Chair Donovan, members of the committee and Sponsor Rep. Casimiro,

My name is Rebecca Greene, PharmD, BCCCP, and I serve as a clinical pharmacist specialist in pulmonary medicine. I am writing today in **strong support of H5627**, which would ensure pharmacists are paid for our services under insurance, including Medicaid. With this letter I ask that this critical piece of legislature be considered and advanced out of the committee in the House.

I specialize in pulmonary vascular disorders, an area with very few practicing physicians and advanced practice providers in Rhode Island, and New England in general. Our practice, which opened in August 2024, already has a wait list that is several months long for new patients with critical cardiopulmonary conditions. For general pulmonary conditions, the overall wait time to see a pulmonologist in Rhode Island is lengthy. Last summer the waiting list at a Rhode Island practice peaked at **6,000 patients**. This shortage of care makes it more essential than ever to fully utilize the training and availability of pharmacists.

Pharmacists like myself are increasingly filling in the gaps—managing complex medication regimens, providing patient education, monitoring and mitigating drug interactions and side effects, and managing chronic conditions such as COPD, asthma, and other complex diseases. Pharmacists not only improve clinical outcomes, but also generate significant healthcare cost savings, including reduced emergency department visits and hospitalizations, leading to overall cost reductions for both payers and patients. These financial benefits highlight the critical value pharmacists bring to the healthcare system—especially in underserved or overburdened settings like ours.

However, despite this essential work, pharmacists are not currently reimbursed for many of the clinical services we provide. This not only limits our ability to serve the population but also places additional financial strain on practices trying to deliver high-quality services in underserved areas who employ pharmacists. A lack of reimbursement for our cognitive services threatens job satisfaction and if H5627 is enacted, it would create a modern practice environment that would attract and bolster a talented RI workforce.

Payment for pharmacists' services will allow us to better serve our patients, extend the reach of healthcare teams, and alleviate the burden on the broader healthcare system. H5627 ensures that when a pharmacist provides a covered service—whether independently or under a collaborative practice agreement—that service is reimbursed just as it would be if delivered by a physician or nurse practitioner.

At a time when patients are waiting months to access primary and specialty care, we cannot afford to leave qualified healthcare professionals underutilized. I urge you to support this important legislation and help expand timely, accessible, and cost-effective care for all Rhode Islanders.

Thank you for your time and consideration.

Sincerely,



Rebecca Greene, PharmD, BCCCP

Providence, RI