

February 20<sup>th</sup>, 2026  
House Health and Human Services Committee

Dear Chair Donovan, Vice Chair Giraldo, Vice Chair Potter, and all distinguished members of the Health and Human Services Committee:

I appreciate the opportunity to comment on HB 7424, which concerns provider-pharmacist agreements. I am an assistant professor and director for the Knee Regulatory Research Center at West Virginia University where my research specializes in analyzing safety, efficacy, access, and cost of healthcare under different practice arrangements for non-physician providers. This comment is not submitted on behalf of any party or interest group.

Pharmacists are at the front line of treatment for routine conditions. Yet, some struggle to get collaborative agreements with physicians, especially in rural areas where primary care is largely managed by advanced practice registered nurses and physician assistants. This adjustment, while small, allows for more flexibility and faster response to patient needs.

Our team of researchers published a peer-review study on the effectiveness of pharmacists in their ability to prescribe medications for a range of conditions in other states.<sup>1</sup> Focusing on patients with diabetes or asthma, this change allowed individuals to obtain insulin pen needles and rescue inhalers without having to seek out emergency room treatment or waiting days, or weeks, for scheduled visits with a specialist.<sup>2</sup> This has increased access to medication that helps prevent potentially life-threatening health emergencies if individuals do not receive timely preventative medicines. We expect similar access increases with the relaxation of provider type necessary for entering a collaborative contract. Every step towards letting pharmacists work to the top of their training and expertise removes a time-sensitive barrier from patient care.

Best,



Alicia Plemmons, PhD  
Director, Knee Regulatory Research Center

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<sup>1</sup> <https://doi.org/10.1111/coep.12647>