

Dear Chair Murray and Honorable Members of the Senate Health & Human Services Committee,

I am writing to express my strong support for S2386, legislation that requires health insurers to provide coverage for pharmacists' clinical services when those same services would be covered if performed by a physician, advanced practice nurse, or physician assistant. I write from the perspective of a licensed clinical pharmacist practicing in Rhode Island under a collaborative practice agreement approved by the Rhode Island Board of Pharmacy.

In my role, I routinely provide comprehensive clinical care for patients with chronic disease states. This includes conducting in-depth clinical assessments; prescribing, titrating, or de-escalating medications; ordering and interpreting pertinent laboratory tests; and referring patients to specialists or emergency care when clinically indicated. My practice also includes visits with newly diagnosed patients, during which I provide extensive education on the disease state, lifestyle modifications that reduce exacerbations, and the medications used to manage their condition.

These visits are not brief. It is not uncommon for a single encounter to last upwards of an hour, particularly when managing complex chronic disease or providing initial education following a new diagnosis. Despite this level of clinical complexity and responsibility, Thundermist (my employer) is often either not reimbursed at all, or reimbursed under a 99211 code, which reflects a brief, non-physician "nursing" visit and typically reimburses less than \$40, when it is reimbursed at all.

This reimbursement structure does not remotely reflect the scope, intensity, or value of the care being provided. Worse, it is fundamentally unsustainable. Expecting clinicians to deliver high-quality, time-intensive care without appropriate payment inevitably limits access, constrains program growth, and discourages broader adoption of proven care models.

The situation is even more stark for pharmacists practicing in community or ambulatory pharmacy settings, where there is often no meaningful mechanism to bill for clinical services at all. Some argue that pharmacist clinical care is "built into" dispensing fees. However, the reality is that average dispensing fees are approximately one dollar or less, which clearly cannot account for medication therapy management, clinical assessment, patient education, laboratory evaluation, or care coordination. Dispensing fees were never designed, and are wholly insufficient, to support clinical care delivery.

S2386 is carefully structured to address this problem without expanding unnecessary utilization or duplicating care. Coverage is limited to services within the lawful scope of pharmacy practice, including those provided under a collaborative practice agreement, and reimbursement is only required when the service would otherwise be covered if performed by another qualified provider. The bill explicitly avoids payment for duplicative services and maintains appropriate guardrails.

From a value-based care perspective, this legislation allows Rhode Island to better leverage an existing healthcare workforce to improve access, manage chronic disease more effectively, and reduce preventable downstream costs. Pharmacists are already delivering this care; S2386 simply ensures it can be delivered sustainably, transparently, and equitably.

Recognizing pharmacists as reimbursable providers for the clinical services they are trained, licensed, and authorized to perform is not a departure from value-driven care; it is a long-overdue alignment of payment with practice reality.

I respectfully urge the Committee to support S2386 and help ensure that pharmacist-provided clinical care remains available, scalable, and financially sustainable for the patients and communities who rely on it.

Thank you for your time, leadership, and commitment to improving healthcare access and quality in Rhode Island. I would welcome the opportunity to serve as a clinical resource or respond to any questions as you consider this legislation.

Sincerely,
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