



# Rhode Island Pharmacists Association

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

The Honorable Chair Melissa Murray, Senate Committee on Health & Human Services  
State House  
82 Smith Street  
Providence, RI 02903

RE: S2386 – AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Dear Chair Murray, HHS Committee and Sen. DiPalma,

The Rhode Island Pharmacists Association (RIPA) is in **strong support of S2386**, ensuring pharmacists are paid for medical services from insurers including Medicaid, [modeled on other successful state bills](#)<sup>1</sup> that grant pharmacists the ability to bill payers for services rendered both in collaborative practice agreements (CPA), and as independent providers. **This bill also has a House Companion bill, H7435**

**Broad payment for services via Chapter 27 is not included in the Rural Health Transformation Grant which aims to advance pharmacists' services and authority, minimizing the potential benefit. This bill would resolve this concern.**

We all are aware of the significant underutilization of healthcare, lack of resources, and much like other states, a well-documented [Primary Care Shortage](#). Pharmacists have been performing many services in a variety of settings for years, without financial reimbursement, leading to additional unpaid work, an inability to bring a higher level of care, or even access to those in need of a bridge to health care. Pharmacists are readily available in the community, with nearly 90% of the population is within 5 miles of a pharmacy. Additionally, pharmacists routinely work closely with physicians and advanced practitioners, but often underutilized due to the financial limitations with taking on additional clinical staff that cannot seek reimbursement.

**For this bill, the medical services reimbursed by RI Medicaid and commercial insurance apply if:**

- In the pharmacist's scope of practice **or**
- Delegated to a pharmacist by a physician via a CPA.
- Provide coverage of such services would have been covered if provided by a physician, an advanced practice nurse, or a physician assistant

**The intent of this legislation is as follows:**

- **Increase access** via pharmacists in **all healthcare settings**, who will support patients requiring frequent follow-up
- **Identify patients without primary care**, especially those with high-risk conditions requiring elevated care
- **Complement care** for those with established providers
- **Provide cost savings**, by reducing complications of chronic conditions (COPD, Diabetes, HTN, Kidney disease)
- **Retains talent** in RI/ draws pharmacists to RI
- **Provides support for our independent pharmacists** who struggle due to low reimbursement rates or losses on prescriptions
- **Help triage patients** for further care (ie. PCP/specialist)
- **Reduces legislative burden** every time a new bill to expand pharmacy services is introduced. (no longer would need to amend payment language in every bill)
- **This bill does NOT broaden scope, nor aim to replace physician/advanced practitioners, or usual care**

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<sup>1</sup> <https://naspa.us/blog/resource/2023-provider-status-end-of-year-legislative-update/>

Below are examples of services pharmacists provide, but do not routinely get paid for in RI, OR need another provider to bill under. Which means, there is an additional barrier to delivering services

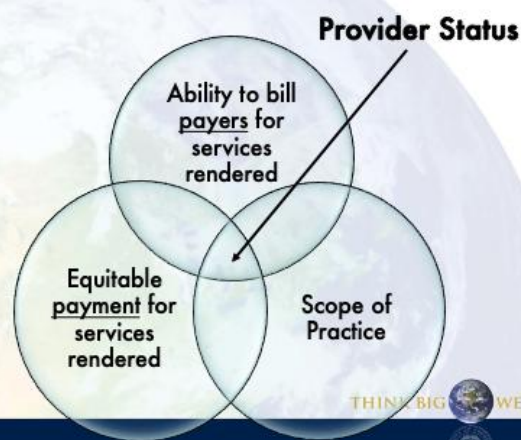
- Chronic disease state management (Diabetes, COPD, hypertension, Heart Failure)
- Diabetes self-management training services (glucose monitoring device placement and reading)
- Hormonal contraceptive services (passed in RI)
- Medication management services
- Services related to dispensing and education on naloxone
- Test and treat for minor ailment services or for infections (strep, COVID, HIV)
- Tobacco cessation services (ongoing legislation in RI)
- Transitions of care services (from a hospital back to primary/specialty care)
- Annual Wellness visits
- Travel medication services (ie. vaccines, recommendations such as antivirals, antibiotics, OTC self-care)

Patients visit Pharmacies much more frequently each year (35 times) compared to their Primary Care Provider (4 times), see attached “Rhode Island Public Health Fact Sheet”

## Core Elements of Provider Status

1. **Payer recognition** as a health care provider (i.e., *eligibility* to be reimbursed for patient care services)
2. **Scope of practice** framework that enables pharmacy professionals to deliver clinical services to the height of their education and training
3. **Payment** mechanisms for pharmacist-provided patient care services and equitable reimbursement for services rendered

Slide credit: Kyle Robb, ASHP



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### Why pharmacist provider status now?

Pharmacists are highly trained, visible and accessible professionals who optimize the **cost-effective** prevention and treatment of acute and chronic diseases. [The federal government has identified pharmacists as essential providers of COVID-19 testing, vaccination, and COVID-19 therapeutics.](#) (ECAPS)<sup>2</sup>



Currently, **reimbursement for pharmacist-provided services** in our scope is **limited to cash only** services or **unreimbursed** in CPA agreements. Pharmacists are reluctant to charge patients for these services and cannot receive payment from physicians in CPA's. This limits pharmacists' willingness to provide impactful services for patients. Imagine if pharmacists had more availability to help educate on diabetes, asthma, COPD, cardiovascular diseases, and other chronic conditions?

<sup>2</sup> <https://www.congress.gov/bill/118th-congress/house-bill/1770/text>

## **Pharmacists could help support our physician and NP colleagues much more.**

Provider status would eliminate barriers to sustainable service and allow for true pharmacist role expansion and increase patient access to care. A steady flow of reimbursement also **helps pharmacy workers to ensure safe dispensing, mitigate burnout, and increase professional job satisfaction when implementing services. This would help with job retention within RI.**

### **Reduction in Legislative Burden**

Importantly, legislative burden is reduced for policymakers since current scope of practice bills e.g. tobacco cessation medications **would be debated on scope and not payment.**

### **Why state and not federal provider status?**

*Pharmacists are **not** recognized as reimbursable Medicare providers under the Social Security Act.*

While efforts to change this have been on-going, S.1491, [The Pharmacy and Medically Underserved Areas Enhancement Act](#), was introduced this year to provides for Medicare coverage and payment with respect to certain pharmacist services that:

- (1) are furnished by a pharmacist in a health-professional shortage area, and
- (2) would otherwise be covered under Medicare if furnished by a physician

To best prepare for federal actions on provider status, Rhode Island should first enact this provider status legislation this year. Then, pharmacists can provide care independently or enter into CPA's to increase the quality and choice of care for Rhode Islanders.

Wherever pharmacists provide primary care and public health interventions, whether in teams in clinics or in the community, **patients can choose from more providers and avoid costly, dangerous complications as a result of delays in care.**

### **Budget Impact?**

**Several states, including Rhode Island (see attached in email testimony, have performed a fiscal analysis with either none, or indeterminate impact).**

The state budget would be unaffected by commercial insurance coverage of pharmacist providers.

However, studies have proven that by expanding scope of practice that is reimbursed by Medicaid in Oregon for hormonal contraceptives [SAVED the state \\$1.6 million in one year](#).<sup>3</sup> Prevention of HIV, mistimed pregnancies, and opioid overdose, as well as diabetes care optimization overwhelming **is proven to be cost-effective, if not cost-saving.** With delays in care already occurring, and travel concerns due to the Washington bridge closure, increasing access is needed more than ever.

Thank you for your consideration and we look forward to assisting with advancing health care and being the **first state in New England** to provide payment for pharmacists' services - a positive step in advancing care.

Chris Federico PharmD, BCACP  
Rhode Island Pharmacist Association  
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<sup>3</sup><https://naspa.us/blog/2019/05/17/oregon-study-shows-pharmacist-prescribing-of-birth-control-increases-access-reduces-costs/>