



Rhode Island Pharmacists Association

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[submitted electronically via: sleislation@rilegislature.gov]

The Honorable Melissa Murray, Chair - Senate Committee on Health & Human Services

82 Smith Street

Providence, RI 02903

RE: S2888 (Valverde)– An Act Relating to Businesses & Professions – Pharmacies - SUPPORT

Dear Chair Murray, Sponsor Valverde, and Members of the Committee:

Rhode Island Pharmacists Association (RIPA) is writing to express **support** for **S2888 and House Companion H7534**. As a reminder, this bill passed the **entire House** under H5555, with a 65-0 vote in 2023 ([see roll call HERE](#)). This is at least the 8th year introducing this bill.

This bill would allow a pharmacist to initiate FDA approved tobacco/nicotine cessation drug therapies resulting in improved access, public health and patient care. Approximately **90% of the population is within 5 miles of a pharmacy**. This access would help to easily identify high risk patients, reduce attributed costs, referral to additional quit resources and access during off-hours where usual services and time is restricted to broad patient care. Additionally, it is well known that complete tobacco cessation can require in excess of **10-15 quit attempts and success is strongly correlated to how many touchpoints patients receive** through their attempts, often **weekly for several months**.

- **Patients visit Pharmacies much more frequently each year (35 times) compared to their Primary Care Provider (4 times).**
- **This bill will supplement and close gaps in care, not replace what is delivered by primary care or specialists.**
- This increase in access in **all healthcare settings** can support patients who require frequent follow-up and **complement** those with established providers.
- **In the Northeast**, New Hampshire, Vermont and Maine all allow for pharmacists to prescribe medications for tobacco cessation.
- **This authority is also included in the Rural Health Transformation Program (RHTP)** included in the Governor's proposed budget amendment for 2026

Many smokers purchase their quit smoking treatments from a pharmacy. Cost may be a deterrent for patients obtaining their over-the-counter medication. The Centers for Medicare and Medicaid Services (CMS) issued [a bulletin in January 2017](#) that explicitly allows expansion of the prescribing authority for pharmacists and permitting standing orders for Medicaid enrollees. Allowing trained pharmacists to write prescriptions for the seven (7) FDA-approved cessation medications, can increase access to low- or no cost treatments for Medicaid beneficiaries and other patients in Rhode Island. Increasing the number of smokers that quit, can save lives and save the state money.

What other states have enacted legislation?

- **Per the American Cancer Society, as of 2025, more than twenty (20) other states** have recognized pharmacists' ability to impact this public health issue and have authorized pharmacist prescribing of tobacco cessation aids.
- It is well established that tobacco use can increase a person's risk of developing several conditions, including lung cancer, coronary artery disease, and stroke, as well as increase overall mortality. It is also

important to address tobacco use during pregnancy because of complications including pre-term delivery, low birth weight and other complications.

Are pharmacists trained?

- This is well within the profession's scope of knowledge and professional expertise, and it is common for pharmacists **to recommend/ or change medications based on potential drug-drug, or drug-disease interactions to ensure safety is the top priority in patient care.**
- Schools of Pharmacy require many **weeks** of education in pharmacy school on tobacco cessation and motivational interviewing. **Pharmacists also historically support the teaching of pharmacotherapy courses** for physician assistants, nurse practitioners, and medical schools to help support and build the essential knowledge of drug therapy and establish a collaborative nature during the critical years of education.
- A Pharmacist's knowledge and collaboration as both independent providers and on a team is well established.

Safety

- Many have referenced concern over use of medications other than Nicotine Replacement Therapy (NRT).
- However, the [EAGLES](#) trial published in **2016**, lead to the **removal of a boxed warning for Chantix (varenicline) and Wellbutrin (bupropion SR)**, stating ***"The study did not show a significant increase in neuropsychiatric adverse events attributable to varenicline or bupropion relative to nicotine patch or placebo"***.
- This landmark trial of more than **8,000 participants** helped to ease safety concerns for these medications in vulnerable populations.

Need for payment

- **Inclusion of payment for services delivered by a pharmacist will ensure this service occurs, provide staffing where applicable, and allow the necessary infrastructure to make an impact on public health.**
- Many other states which have not included payment up front, have gone on to see underutilization of these services, and little to no impact. **This service can/should be conducted by other providers but is not at a high rate due to access and delays in care, thus the budget impact in other states have been reduced to zero during fiscal analyses.**
- **CPT codes 99406 and 99407 for Medicare Beneficiaries are approximately \$15.57 and \$28.72 respectively, and commercial reimbursement is often less, thus cost concerns are minimal.**

Will this be easy to implement?

- Standard screening can occur easily and in less than 15-30 minutes and completed based on a patient interview and allow for ease of counseling on other potential medication interactions which are routinely filled or visible within their pharmacy.

RIPA strongly encourages the Committee to advance this important legislation and help our patients increase access to care.

Thank you, and we look forward to working together,

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*Affiliated with the American Pharmacists Association and the
National Community Pharmacists Association*