



March 18, 2025

[submitted electronically via: <u>HouseHealthandHumanServices@rilegislature.gov</u>]

The Honorable Susan R. Donovan Chair, Rhode Island House Health and Human Services Committee 82 Smith Street Providence, RI 02903

RE: H5854 (Tanzi): Adds new sections that set forth conditions for pharmacists to prescribe tobacco cessation drug therapies, including education approved by state board of pharmacy – SUPPORT.

Dear Chair Donovan, First Vice Chair Giraldo, Second Vice Chair Potter, and members of the House Health and Human Services Committee:

The Rhode Island Pharmacists Association (RIPA) and the American Pharmacists Association (APhA) appreciate the opportunity to support House Bill (H) 5854 (Rep. Tanzi). This bill authorizes pharmacists to prescribe and dispense tobacco cessation therapy medications and allows for the reimbursement of services provided by pharmacists. Reimbursement for these services is a vital component in this bill to ensure patient access to the and uptake of this critical care for Rhode Islanders. Tobacco use remains the leading preventable cause of death and disease in Rhode Island, with 1,800 deaths in Rhode Island annually and 31.3% of cancer-related deaths attributable to smoking. ^{1,2}

The decision to quit using tobacco products is often a spontaneous one, which means that increased access to care in settings close to and convenient for patients is key. Nearly 90% of Americans live within five miles of a community pharmacy, and pharmacies are often open nights and weekends when other care settings are closed. Pharmacists are frequently the most accessible health care professionals, as many patients can ask for advice and counseling regarding their health and medications without an appointment. Pharmacists are the health care system's medication experts and are highly qualified to analyze and optimize medication regimens to lower costs and improve health. More importantly, pharmacists have demonstrated the ability to achieve quit rates equivalent to or higher than other health care professionals.³ Aligning Rhode Island pharmacists' scope of practice with their education and training by allowing them to prescribe tobacco cessation therapy medications will align Rhode Island with 14 other states that have recognized pharmacists' ability to impact this public health issue and have authorized pharmacist prescribing of tobacco cessation aids.⁴

¹ https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/factsheets/tobacco-nicotine-use.pdf ²https://www.hhs.gov/sites/default/files/2024-sgr-tobacco-related-health-disparities-full-report.pdf

³ Adams AJ, Hudmon KS. Pharmacist prescriptive authority for smoking cessation medications in the United States. *Journal of the American Pharmacists Association*. 2018;58(3):253-257. Available at https://www.japha.org/article/S1544-3191(18)30001-3/fulltext#relatedArticles.

⁴ Pharmacist Prescribing: Tobacco Cessation Aids. Available at https://naspa.us/resource/tobacco-cessation/.

Additionally, H5854 makes essential changes to allow for the reimbursement of tobacco cessation services by health plans provided by pharmacists within their scope of practice. Substantial published literature documents the proven and significant improvement to patient outcomes⁵ and reduction in health care expenditures⁶ when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Rhode Island is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, health plans are recognizing the value of the pharmacist and investing to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.⁷

As the most accessible health care professionals, pharmacists are vital providers of care, especially for those living in underserved communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall health care expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Rhode Island's recognition of many other health care providers.

It is also important to note that these programs are not expected to raise health plan costs, as published literature has shown that pharmacist-provided care results in significant cost savings and healthier patients.^{8,9} A recent scoping review evaluating the return on investment (ROI) of pharmacists' services among non-hospitalized patients found an ROI ranging "from \$1.29 to \$18.50 per dollar spent on the pharmacy service among the 19 studies that reported ROI as a ratio." ¹⁰ This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that the creation of a similar program that would permit pharmacists to engage in the practice of clinical pharmacy and provide patient care services to patients would have "minimal expenditure impact on state or local government." ¹¹

For these reasons, RIPA and APhA support H5854 and respectfully request your "AYE" vote. If you have any questions or require additional information, please don't hesitate to contact Chris Federico, PharmD,

⁵ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

⁶ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927

⁷ CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/

⁸ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

https://www.accp.com/docs/positions/misc/improving patient and health system outcomes.pdf

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American Pharmacists Association. August 2020. Available at

https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927

¹⁰ Almodovar AS, Blankenship B, Murphy EM, et al. Return on investment of pharmacists' services among non-hospitalized patients: A scoping review. Research in Social and Administrative Pharmacy. 2025. Article in Press. DOI: <u>10.1016/j.sapharm.2025.01.012</u>

¹¹ FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866.

BCACP, Immediate Past-President, RIPA, <u>info@ripharmacists.org</u>, and E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs by email at <u>mmurphy@aphanet.org</u>.

Sincerely,

Chris Federico PharmD, BCACP Michael Baxter

Immediate Past-President, 2023-2024 Vice President, Government Affairs Rhode Island Pharmacists Association American Pharmacists Association

cc: Representative Joshua J. Giraldo, First Vice Chair

Representative Brandon C. Potter, Second Vice Chair

Representative Mia A. Ackerman

Representative David A. Bennett

Representative Jennifer Boylan

Representative Megan L. Cotter

Representative Kathleen A. Fogarty

Representative Arthur Handy

Representative Marie A. Hopkins

Representative Rebecca M. Kislak

Representative Michelle E. McGaw

Representative David J. Place

Representative June Speakman

Representative Jennifer A. Stewart

Representative Teresa A. Tanzi

About RIPA: Established in 1874, RIPA has a rich history and is one of the oldest state pharmacist associations in the country. RIPA unites all pharmacists of the state for professional development and advancement, elevates practice standards, advocates for pharmacy, disseminates relevant scientific and professional information, and encourages collaboration between all allied health professions toward the improvement of public health.

About APhA: APhA is the largest association of pharmacists in the United States, advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. **In Rhode Island, with 1,170 licensed pharmacists and 1,590 pharmacy technicians, APhA represents the pharmacists and student pharmacists who practice in all patient settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.**