



February 26, 2025

The Honorable Kerry S. Wood
Co-Chair, Insurance and Real Estate Committee
Legislative Office Building, Room 2800
Hartford, CT 06106

The Honorable Jorge Cabrera
Co-Chair, Insurance and Real Estate Committee
Legislative Office Building, Room 2800
Hartford, CT 06106

RE: HB 7039 – An Act Concerning Health Insurance – SUPPORT

Dear Co-Chair Wood, Co-Chair Cabrera, Vice Chair Barry, Vice Chair Anwar, Ranking Member Pavalock-D'Amato, Ranking Member Hwang, and members of the Insurance and Real Estate Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [House Bill \(HB\) 7039](#). HB 7039 will require the Insurance Commissioner to conduct a study on allowing for the reimbursement of services provided by pharmacists practicing within their scope of practice in the State. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also correctly aligns the current role of the pharmacist with their extensive education and training to practice at the top of their license.

Substantial published literature documents the proven and significant improvement in patient outcomes¹ and reduced health care expenditures² 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 Connecticut is aligned with the growing trend of similar programs in other states, such as California, Colorado, Delaware, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, and others. In states where such programs have already been implemented, health plans recognize the value of the pharmacist and invest in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.³

¹ 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

² 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>

³ 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/>

Given the primary health care worker shortage⁴ in Connecticut, APhA firmly believes that considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists under their training as the medication experts on patient care teams. As the most accessible health care professionals, with nearly 90% of the U.S. population living within five miles of a community pharmacy,⁵ pharmacists are vital care providers, 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 Connecticut's recognition of many other health care providers.

As you may be aware, many of Connecticut's neighborhood pharmacies^{6,7} are closing because the unsustainable reimbursement model in the drug supply chain is enhancing health care disparities. Without immediate changes, the current payment model is putting many independent pharmacies out of business and creating "pharmacy deserts" in minority and underserved communities, where the neighborhood pharmacy may be the only health care provider for miles.⁸

Creating programs that allow for the direct reimbursement of services provided by pharmacists opens additional revenue opportunities for these pharmacists to maintain their practice and provide valuable health care services necessary for many Connecticut communities. It is also important to note that these programs are not expected to raise costs for health plans, as published literature has shown that pharmacist-provided care results in cost savings and healthier patients.^{9,10} This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that creating a similar program that would permit pharmacists to engage in clinical pharmacy practice and provide patient care services to patients would have a "minimal expenditure impact on state or local government."¹¹

For these reasons, APhA strongly supports this provision in HB 7039 and respectfully requests your "AYE" vote. If you have any questions or require additional information, please do not hesitate to contact E.

⁴ Andrew E. Report estimates CT will be short 5,700 healthcare providers by 2028, but far better than other states. *Connecticut Health Policy Project*. Published September 3, 2024. Available at: <https://cthealthpolicy.org/report-estimates-ct-will-be-short-5700-healthcare-providers-by-2028-but-far-better-than-other-states/>.

⁵ Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I, Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, *Journal of the American Pharmacists Association* (2022), doi: <https://doi.org/10.1016/j.japh.2022.07.003>.

⁶ <https://www.courant.com/2025/02/20/ct-pharmacy-closing-on-prominent-corner-in-major-corridor-trend-called-corporate-giant-turning-its-back/>

⁷ <https://www.nbcconnecticut.com/news/local/walgreens-closure-hartford-big-loss-frog-hollow-neighborhood/3504383/>

⁸ Guadamuz, Jenny. Et. al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021, available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01699>

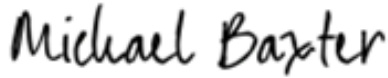
⁹ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

¹⁰ 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>

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>.

Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at mmurphy@aphanet.org.

Sincerely,

A handwritten signature in black ink that reads "Michael Baxter". The script is cursive and fluid.

Michael Baxter
Vice President, Government Affairs

cc: Representative Jill Barry, Vice Chair
Senator Saud Anwar, Vice Chair
Representative Cara Christine Pavalock-D Amato, Ranking Member
Senator Tony Hwang, Ranking Member
Representative Raghieb Allie-Brennan
Representative Tom Delnicki
Representative Stephen R. Meskers
Representative Tammy Nuccio
Senator Honig
Senator Matthew L. Lesser
Senator Martha Marx

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 Connecticut, with 3,100 licensed pharmacists and 4,930 pharmacy technicians, APhA represents the pharmacists and student pharmacists that practice in numerous 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.