



February 20, 2025

The Honorable Fabian Doñate
Chair, Senate Health and Human Services
401 South Carson Street
Carson City, NV

SB 118 Revises requirements relating to coverage under Medicaid for certain services provided by pharmacists – SUPPORT

Dear Chair Doñate, Vice Chair Nguyen, and members of the Senate Health and Human Services Committee:

The American Pharmacists Association (APhA) writes in support of [Senate Bill \(SB\) 118](#) (Senator Stone). SB 118 will allow for the reimbursement of services provided by pharmacists practicing within their scope of practice by the state Medicaid program. 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 reduction in 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 Nevada is aligned with the growing trend of similar programs in other states, such as California, Colorado, Idaho, Kentucky, Minnesota, Missouri, 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 unique patient population and barriers to care due to the primary health care worker shortage⁴ in Nevada, 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 and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall healthcare expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Nevada's recognition of many other health care providers.

As you may be aware, many of Nevada's neighborhood pharmacies,⁶ especially those in rural communities⁷, 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 through Medicaid opens additional revenue opportunities for these pharmacists to maintain their practice and provide valuable health care services necessary for many Nevada 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} 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 \$18.5 per dollar spent on the pharmacy service among the 19 studies that reported ROI as a ratio."¹¹ This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that

⁴ Do K, Do J, Zhang R, et al. Nevada's Healthcare Crisis: A Severe Shortage of Physicians and Residency Positions. *Cureus*. 2023 Jul 11;15(7):e41700. doi: 10.7759/cureus.41700.

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 Xu R, Brown A, Berenbrok LA. U.S. Pharmacy Closures January 2014 to March 2024. <https://storymaps.arcgis.com/stories/21620f1e07c14d7f81adc4503faaf51e>. Accessed February 19, 2025.

⁷ Hawryluk M. Large parts of rural America are becoming drugstore deserts. These small towns found an escape. *The Washington Post*. Published December 15, 2021. Available at <https://www.washingtonpost.com/business/2021/12/03/drugstore-deserts-rural-america/>

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

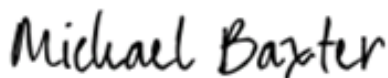
¹⁰ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. *Journal of the American Pharmacists Association*. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

¹¹ 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: [10.1016/j.sapharm.2025.01.012](https://doi.org/10.1016/j.sapharm.2025.01.012)

creating a similar program permitting pharmacists to engage in clinical pharmacy practice and provide patient care services would have “minimal expenditure impact on state or local government.”¹²

For these reasons, APhA strongly supports SB 118 and respectfully requests your “AYE” vote. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at mmurphy@aphanet.org.

Sincerely,



Michael Baxter
Vice President, Government Affairs
American Pharmacists Association

cc: Senator Rochelle T. Nguyen, Vice Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone
Ken Kunke, PharmD, Executive Director. Nevada Pharmacy Alliance

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 Nevada, with 2,520 licensed pharmacists and 4,480 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.

¹² 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>.