February 19, 2020

The Honorable Eric J. Tarr
Vice Chair, Health and Human Resources Committee
West Virginia Legislature
Room 441M, Building 1
State Capitol Complex
Charleston, WV 25305

Dear Senator Tarr:

On behalf of the American Pharmacists Association (APhA), including **682 members in West Virginia**, we are writing in support of Senate Bill 787, enhancing patient access to pharmacist-provided patient care services by providing benefits to pharmacists for rendered care. The legislation would require health plans in the State issued or renewed on or after January 1, 2021 to provide payment to pharmacists for care rendered within the pharmacist's scope of practice, under §30-5-10, if such benefits would ordinarily be paid if the service was performed by another health care provider.

This bill is especially important to me as a native West Virginian (Sistersville) and continuous pharmacy owner in Huntington, West Virginia since 1987 when I opened my first pharmacy there. Our CompreCare pharmacy in Huntington has been in continuous operation since 1982 and now serves patients in much of the U.S.

To improve patient access to care, providers, including pharmacists need to be reimbursed for the services they provide at a level equivalent to other providers in the state of West Virginia. Passage of this legislation would provide West Virginians the benefit of pharmacist-provided patient care. With this legislation we have the opportunity to support our colleague health care professionals in a state where care can be miles away.

APhA, founded in 1852 as the American Pharmaceutical Association, represents 60,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, physicians' offices, hospitals, specialty pharmacies, long-term care facilities, community health centers, managed care organizations, hospice settings and the uniformed services.

Licensed pharmacists offer services independently and collaborate with physicians to provide certain primary care and specialty care services. In West Virginia this includes providing care related to the interpretation, evaluation, and implementation of medical orders; dispensing of prescription drug orders; participation in drug and device selection; providing drug administration; drug regimen review; drug or drug-related research; performing patient counseling; providing pharmacy related primary care; and pharmacist care in all areas of patient care, including collaborative pharmacy practice. In addition, pharmacists compound and label

drugs and drug devices; provide patient counseling concerning the therapeutic value and proper use of drugs and devices; order laboratory tests in accordance with drug therapy management; provide medication therapy management and administer immunizations.

The lack of recognition of pharmacist-provided patient care services by insurance companies has made it difficult for pharmacists to be reimbursed for and patients to receive the services they could provide. Without sustainable reimbursement, there is no financial incentive for the health care systems to invest in the pharmacist-clinician model, which impedes the benefit of team-based care. Consequently, there is opportunity to better utilize pharmacists and the patients they serve should payment mechanism support be put in place to support this as a viable care model.

Senate Bill 787 not only requires reimbursement of pharmacist services, it also creates the opportunity for more health care systems and community pharmacies to improve patient access to primary care in their communities. Payment models that preclude participation from health care practitioners, such as pharmacists, qualified to provide care have the unintended consequence of limiting access to care, including care in community pharmacies, often in rural settings. Pharmacists are the most accessible health care provider and provide care and services in a wide variety of practice settings in communities across– making them uniquely qualified to reduce clinical burdens and improve patient health. In fact, 90% of all Americans live within five miles of a community pharmacy.[1] Reimbursing pharmacists for services would support patient access to these providers capable of providing pharmacist-provided primary care services to patients, including those in rural and medically underserved communities.

Pharmacist-provided patient care services demonstrate improved patient outcomes and reduced overall health care costs. For example, previous systematic reviews indicate positive returns on investment when evaluating broader cognitive pharmacist services as a whole, with up to $4 in benefits expected for every $1 invested in clinical pharmacy services.[2] If the goal is to avoid overspending on drugs and to maximize the value of the drugs patients purchase, pharmacists must play a more prominent role in medication selection and modification, patient education, follow-up and monitoring of medication, and overall medication and chronic disease management.[3]

Additionally, passage of Senate Bill 787 would make West Virginia one of the premier states for sustainable business models to support pharmacists practicing the full scope of their training and would help attract top candidates to jobs across the state.

Thank you for your leadership to recognize and leverage pharmacist-provided patient care services to increase West Virginia's capacity to use a coordinated, team-based, patient-centered approach to care and delegate appropriate clinical responsibilities to pharmacists to

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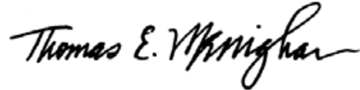
[1] NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.
[2] Avalere. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 21, 2014, available at: https://avalere.com/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment
[3] Studies indicate that the inclusion of pharmacists on the health care team demonstrates a significant return on investment in both patient outcomes and real dollars. See, C.A. Bond and C.L. Raehl, *Clinical Pharmacy Services, Pharmacy Staffing, and Hospital Mortality Rates,* 27 Pharmacotherapy 482-93 (2007); See also, M.E. Arnold, et al., *Impact of Pharmacist Intervention in Conjunction with Outpatient Physician Follow-up Visits after Hospital Discharge on Readmission Rate*, 72 Am. J. Health-Sys. Pharm., Supp. 1 (2015).

meet patient demand. If you have any questions regarding this letter, or if we can be of any assistance, please do not hesitate to contact Michael Baxter, Director of Regulatory Affairs, at mbaxter@aphanet.org or by phone at (202) 429-7538.

Sincerely,



Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

cc:
Senator Michael Maroney, Chair, Health and Human Resources Committee
Senator Paul Hardesty
Senator Ron Stollings, M.D.
Senator Robert Plymale
Representative Jordan C. Hill, Chair, Health and Human Resources Committee
Representative Jeffrey Pack, Vice-Chair, Health and Human Resources Committee
Representative Mike Pushkin, Minority Chair, House and Human Resources Committee
Representative Margaret Anne Staggers, Minority Vice-Chair, Health and Human Resources Committee