



September 9, 2023

[submitted electronically via: jointcmte-financialservices@malegislature.gov]

Senator Paul R. Feeney
Massachusetts Senate Chair
Joint Committee on Financial Services
24 Beacon St.
Room 112
Boston, MA 02133

Representative James M. Murphy
Massachusetts House Chair
Joint Committee on Financial Services
24 Beacon St.
Room 112
Boston, MA 02133

Senator Michael O. Moore
Massachusetts Senate Vice Chair
Joint Committee on Financial Services
24 Beacon St.
Room 112
Boston, MA 02133

Representative Bruce J. Ayers
Massachusetts House Vice Chair
Joint Committee on Financial Services
24 Beacon St.
Room 112
Boston, MA 02133

Massachusetts House Bill 4066 – SUPPORT

Dear Chairs Feeney and Murphy, Vice Chairs Moore and Ayers, and members of Joint Committee on Financial Services:

The Massachusetts Pharmacists Association (MPhA) and the American Pharmacists Association (APhA) appreciate the opportunity to submit testimony on [House Bill \(H\) 4066](#) (Representative Kay Khan). H4066 makes several updates to better align the role of the pharmacist with their extensive education and training and allows for the reimbursement of services provided by pharmacists practicing within their scope of practice by private and public health plans.

Since 1883, MPhA has represented the pharmacy profession in Massachusetts. Through the Association Staff, Board of Directors, and volunteers, MPhA endeavors to represent pharmacy professionals in pharmacists' efforts to serve their patients and the community. MPhA extends membership to all pharmacy professionals, in practice or in training, across practice settings.

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 Massachusetts, there are 7,400 licensed pharmacists and 8,730 pharmacy technicians. APhA represents the pharmacists, student pharmacists, and pharmacy technicians 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.

H4066 better aligns the pharmacists' role with their education and training by allowing pharmacists to order laboratory tests and furnish medications to facilitate the care of their patients. Conditions that pharmacists will test and treat for under a statewide protocol include influenza, streptococcal infections, COVID-19, and other health conditions approved by the board of pharmacy. Additionally, H4066 authorizes pharmacists to prescribe and dispense HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

H4066 aligns Massachusetts with a growing number of states increasing patient access to test, treat, prevent, and refer services provided by pharmacists. Eleven states allow pharmacists to test and treat for influenza, streptococcal infections, and/or COVID-19 via prescriptive authority, statewide protocol, or other means.¹ Pharmacists have the authority to initiate HIV PrEP in 12 states² and HIV PEP in 14 states,³ via prescriptive authority, statewide protocol, or other means. Pharmacists in these programs serve as a point of triage, established within accessible and familiar community settings, for patients to enter the preventative health care system. The accessibility of pharmacists is particularly important for PEP, due to the time-sensitive nature required for the initiation of medication therapy within 72 hours (3 days) of a suspected exposure. Leveraging the current healthcare workforce, including pharmacists, is a key component of President Biden's National HIV/AIDS Strategy.⁴

As one of the most accessible and trusted health care providers in their communities,⁵ pharmacists have a significant role to contribute in initiating access to preventative medications and providing culturally competent and culturally sensitive care. Nearly 90% of the U.S. population lives within five miles of a community pharmacy and this high level of accessibility allows pharmacists to serve in a unique role as another access point for acute preventative services.

H4066 also makes important changes to allow for the reimbursement of services provided by pharmacists practicing within their scope of practice by private and public health plans. Substantial published literature clearly documents the proven and significant improvement to patient outcomes⁶ and reduction in health care expenditures⁷ 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 Massachusetts is aligned with the growing trend of similar programs in other states, including: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, New Mexico, North Carolina,

¹ Arkansas, Colorado, Delaware, Idaho, Illinois, Iowa, Kansas, Michigan, Minnesota, New Mexico, Virginia

² Arkansas, California, Colorado, Idaho, Illinois, Maine, Montana, Nevada, New Mexico, Oregon, Utah, Virginia

³ Arkansas, California, Colorado, Idaho, Illinois, Maine, Missouri, Montana, Nevada, New Mexico, New York, Oregon, Utah, Virginia

⁴ The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.

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 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

⁷ 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>

Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, we are observing health plans recognizing the value of the pharmacist and investing in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.⁸

As the most accessible healthcare professionals, pharmacists are a vital provider of care, 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, similar to Massachusetts's recognition of many other health care providers.

It is also important to note these programs are not expected to raise costs for health plans, as published literature has shown pharmacist-provided care results in cost savings and healthier patients.^{9,10} This strong return on investment supports why many other states that have established comparable programs. For example, Oregon, in their fiscal legislative analysis the creation of a similar program, identified "minimal expenditure impact on state or local government."¹¹

For these reasons, we urge the committee to advance H4066. If you have any questions or require additional information, please don't hesitate to contact Trisha LaPointe, PharmD, BCPS, FASHP, MPhA Interim Executive Vice President by email at trisha.lapointe@mcphs.edu, and E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

Trisha LaPointe, PharmD, BCPS, FASHP
Interim Executive Vice President
Massachusetts Pharmacists Association

Ilisa BG Bernstein, PharmD, JD, FAPhA
Senior Vice President, Pharmacy Practice
& Government Affairs
American Pharmacists Association

cc: Senator John J. Cronin
Senator Jacob R. Oliveira
Senator Susan L. Moran
Senator Bruce E. Tarr
Representative Christopher Flanagan
Representative Kate Lipper-Garabedian
Representative Ryan M. Hamilton
Representative Smitty Pignatelli
Representative Sally P. Kerans

Representative Simon Cataldo
Representative Steven Owens
Representative Michael J. Soter
Representative Nicholas A. Boldyga

⁸ 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/>

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>.