

March 24, 2022

The Honorable Joshua Miller
Chair, Senate Committee on Health and Human Services
Rhode Island State House
82 Smith Street, Room 211
Providence, RI 02903

SUPPORT WITH AMENDMENTS FOR SENATE BILL 2330

Dear Chair Miller and members of the Senate Committee on Health and Human Services:

We thank you for the opportunity to submit testimony for Senate bill 2330, a bill that authorizes pharmacists to prescribe and administer FDA-approved hormonal contraceptives and for their services to be covered by the state Medicaid program and commercial insurers. We support this bill as it expands access to hormonal contraceptives, improves public health and reduces costs associated with unintended and mistimed pregnancies. While we support this bill, we also encourage the committee to support certain amendments to provide clarity related to the scope of authority of pharmacists.

Ninety percent of Americans live within five miles of a pharmacy, and pharmacies are often open nights and weekends, when other care settings are closed. Pharmacists are frequently referred to as the most accessible healthcare professional, as many patients can ask for advice and counseling regarding their health and medications without the requirement of an appointment. Pharmacists are the healthcare system's medication experts, and are highly qualified to analyze and optimize medication regimens to lower costs and improve health.

Currently, 19 states have authorized pharmacists to prescribe hormonal contraceptives. In Oregon, this authorization helped the state avert an estimated 51 unintended pregnancies and save \$1.6 million in the first year of implementation.¹ As 45% of pregnancies in the United States are unintended, this expanded access to contraception is critical.²

We encourage the committee to amend S 2330 to clarify that referral to a primary care or women's health care practitioner should occur after the pharmacist prescribes and dispenses any short-term, FDA-approved hormonal contraceptive, in order to align the referral component with the language used in the rest of the bill.

We also encourage the committee to amend S 2330 to remove the training program requirement, as pharmacists receive this training as a part of their initial education.

¹ Anderson L, et.al. Pharmacist Provision of Hormonal Contraception in the Oregon Medicaid Population. *Obstet Gynecol.* 2019;133(6):1231-1237. doi: 10.1097/AOG.0000000000003286.

²<https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm#:~:text=In%202008%2C%20women%20reported%20that,higher%20rates%20of%20unintended%20pregnancy.>

Alternatively, the committee could replace the training program requirement with the following language: “have training and education sufficient to perform the duties involved and maintain appropriate professional competencies.” Pharmacists, like other healthcare providers, are held to a professional standard of care, which includes ensuring they are appropriately trained and educated before providing any service to a patient.

We applaud the included insurance coverage language in S 2330. Coverage provisions for pharmacist-provided preventative health care services is paramount to the success of S 2330.

NCPA, NASPA, and APhA strongly support the Rhode Island Pharmacists Association in their advocacy in this bill, and we appreciate the bill’s sponsor, Senator Anderson, for her attention on this important public health issue. We urge approval from this committee with the amendments mentioned above.

Sincerely,

National Community Pharmacists Association
National Alliance of State Pharmacy Associations
American Pharmacists Association