



Date: March 3, 2022

To: The Honorable Shane Pendergrass

From: Aliyah N. Horton, CAE, Executive Director, MPhA, 240-688-7808

Cc: Members, Health and Government Operations Committee

Re: FAVORABLE HB 1219 – Pharmacists – Status as HealthCare Providers and Reimbursement

The Maryland Pharmacists Association (MPhA) urges a favorable report for HB 1219 – Pharmacists – Status as HealthCare Providers and Reimbursement. The bill serves to give pharmacists the recognition they deserve and expands opportunities for innovation in the pharmacy profession.

When pharmacists are recognized and engaged as important members of the health care team, patient outcomes improve, patients report higher rates of satisfaction and overall health care costs are reduced.

The legislation has two objectives:

1. Provider designation – recognize the pharmacist profession and eliminate barriers to coverage for pharmacist-provided patient care services
2. Payment– ensures reimbursement for pharmacist-provided patient care services

PROVIDER DESIGNATION

Pharmacists in Maryland have varying designations as healthcare providers in Maryland law, primarily based on specific services.

Designating pharmacists as healthcare providers better aligns the role of the pharmacist with their extensive healthcare education and training.

Pharmacists work closely with their patients and other health care providers to enhance quality of care, improve health outcomes, and save money for the patient and health care system.

During the COVID-19 pandemic, pharmacists have been integral to the delivery of public health services including, but not limited to, administering immunizations, administering COVID-19 therapies, telehealth management of chronic disease states and COVID-19 testing.

Pharmacies remained open and accessible to patients for care when many ambulatory clinics and other healthcare provider offices were closed. These contributions should not continue as voluntary service when other healthcare providers' time and expertise are reimbursed by payors.

PAYMENT FOR PATIENT CARE SERVICES

Pharmacies have consistently been challenged by predatory pharmacy benefit manager practices related to underreimbursement for medications and low dispensing fees, among other issues.

This has put tremendous pressure on the current pharmacy business model. Most pharmacy revenue comes from dispensing medications. The focus on prescription volume, in some practices, restricts the ability of pharmacists to work directly with patients in areas in which they are trained.

If a payor has determined a certain service is a covered benefit, does it matter if a physician, nurse practitioner, physician's assistant or pharmacist provides the service? As long it is within their scope of practice? **It is a matter of healthcare provider equity.**

With the passage of this bill, physician practices and health clinics with pharmacists on staff can better leverage their resources if they are able to bill payors for their pharmacist's time.

All healthcare providers should be reimbursed for their work. There are nearly two dozen Current Procedural Terminology (CPT) codes available for pharmacists billing nationally, there is not a mechanism to make that happen with payors in Maryland.

Payment for services provides a revenue stream for pharmacist work AND improves patient outcomes. Changes in both of these areas improves pharmacist job-satisfaction and well-being.

RETURN ON INVESTMENT

The Fiscal Note for HB 1219 indicates limited impact on the state budget and provides positive impacts for small businesses, like independent pharmacies.

Pharmacist patient-care services demonstrate improved patient outcomes and reduced overall health care costs. As an example, a study conducted in safety-net clinics located in Maryland demonstrated a positive return on investment (ROI) of \$5 to \$25 for every \$1 invested in pharmacist clinical interventions.¹

Additionally, a systematic review indicated positive return 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

IMPACT ON COMMUNITY HEALTH

According to the Kaiser Family Foundation, there are 47 areas in Maryland that are designated as health professional shortage areas. This includes 19 out of Maryland's 23 Counties and the City of Baltimore.

Pharmacists are one of the most accessible health care providers for Maryland patients, with most Maryland residents living within five miles of a pharmacy.

HB 1219 facilitates opportunities for pharmacists to fill patient care gaps in service and access.

AROUND THE COUNTRY

States with current pharmacist payment parity legislation: Illinois, Colorado, Kentucky, New Mexico, Oklahoma, Tennessee, Texas, Virginia, Washington, West Virginia, Ohio, Oregon.

Additional states with temporary pharmacist payment legislation (COVID-19 state of emergency, Medicaid): Arkansas, Louisiana, Maine, Michigan.

ADDITIONAL PHARMACY SUPPORT

The bill is also a legislative priority of the Maryland Pharmacy Coalition (MPC). MPC provides a forum for discussion and understanding between Maryland's pharmacy associations on issues impacting the practice of pharmacy and the public's health.

Full members:

Maryland Pharmacists Association
American Society of Consultant Pharmacists - Maryland Chapter
Maryland Pharmaceutical Society
Maryland Society of Health System Pharmacists
University of Maryland Baltimore School of Pharmacy Student Government Association
University of Maryland Eastern Shore School of Pharmacy Student Government Association
Notre Dame of Maryland University School of Pharmacy Student Government Association

Affiliate members:

University of Maryland Baltimore School of Pharmacy
University of Maryland Eastern Shore School of Pharmacy
Maryland Association of Chain Drug Stores
Notre Dame of Maryland University School of Pharmacy
DC Chapter of American Colleges of Clinical Pharmacy

MARYLAND PHARMACISTS ASSOCIATION (MPhA)

Founded in 1882, MPhA is the only state-wide professional society representing all practicing pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland pharmacists and promote excellence in pharmacy practice.

¹ Truong H, Groves C, Congdon H, et al. Potential cost savings of medication therapy management in safety-net clinics. *J Am Pharm Assoc*, 2015;55:e277-e280.

² Talon B, Perez A, Yan C, et al. Economic evaluations of clinical pharmacy services in the United States: 2011-2017. *J Am Coll Clin Pharm*, 2020;3(4):793-806.