



The Oregon Society of Health-System Pharmacists and the Oregon State Pharmacy Association support HB 2958 which would provide reimbursement for pharmacist provided patient care services.

As our existing healthcare workforce has been mobilized to address the increased demands of the COVID-19 pandemic, access to many primary care and specialty services has been greatly diminished. This places patients who are already at higher risk of COVID-related complications or death in jeopardy of requiring urgent care or emergency services due to exacerbation of their pre-existing chronic conditions. While pharmacists are ready and willing to provide these services, a lack of mandatory health plan reimbursement of pharmacist services limits patient access to this care.

Increased access to pharmacist provided patient care services such as diabetes or asthma management can help keep at risk patients medically stable and able to social distance, while enabling the existing medical provider workforce to address increased acute care needs. Even prior to the COVID pandemic, expansion of pharmacists' scope of practice has long been an evidenced based recommendation supported by the Surgeon General and the National Governor's Association to improve the health care system. Increased access could be facilitated by legislation addressing the following three needs:

1. Expansion of pharmacist's independent prescriptive authority to include prescribing post diagnostically for minor conditions
2. Mandate for health plan coverage of pharmacist services
3. **Parity for reimbursement of pharmacist provided patient care services**

Each of these recommendations have been implemented in one or more states, and Oregon's pharmacy statutes and insurance code have been moving in this direction. HB 2028 signed in 2015 added pharmacists to the insurance code as a medical provider who 'may' be reimbursed for services provided. Despite this, **the majority of health benefit plans refuse to reimburse pharmacists** and those who do often provide reimbursement that is unsustainable and below that of any other medical provider. HB 2397, signed in 2017, established the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) consisting of Oregon physicians, nurse practitioners and pharmacists which has resulted in the implementation of several categories of independent pharmacist prescribing.

HB 2958 and the proposed amendment would require reimbursement by health plans and pharmacy benefit managers to pharmacists who provide evaluation and prescribing services legally included in their scope of practice. These services would be providing the same care currently provided by other providers with improved access in their local neighborhood and would facilitate preventative services and public health measures to a wide variety of underserved communities in local and easily accessed geographic locations throughout Oregon. Provision of these services by pharmacists will both decrease costs and improve access to health care for many underserved Oregonians. **Parity for reimbursement for pharmacist provided patient care services** will provide the economic basis for the provision of these critical preventative and chronic health care needs.

On behalf of the Oregon Society of Health-System Pharmacists and the Oregon State Pharmacy Association, we urge your passage of HB 2958 with the proposed amendment.