

February 11, 2020

The Honorable Gerald Ortiz y Pino, Chair
The Honorable Candace Gould, Ranking
Member
Senate Public Affairs Committee
490 Old Santa Fe Trail
Santa Fe, NM 87501

The Honorable John Arthur Smith, Chair
The Honorable Steven P. Neville, Ranking
Member
Senate Finance Committee
490 Old Santa Fe Trail
Santa Fe, NM 87501

Dear Chairman Ortiz y Pino and Ranking Member Gould and Chairman Smith and Ranking
Member Neville:

On behalf of the over 3,000 registered pharmacists in New Mexico, the American Pharmacists Association (APhA), American Society of Health-System Pharmacists (ASHP), National Association of Chain Drug Stores (NACDS), National Alliance of State Pharmacy Association (NASPA), and National Community Pharmacists Association (NCPA) are writing in support of Pharmaceutical Service Reimbursement Parity (H.B. 42). We ask you to support H.B. 42. The legislation would require reimbursement of patient-care services provided by appropriately certified pharmacists. Improving patient access to care requires reimbursement for services provided by clinicians in New Mexico, including pharmacists, at a level equivalent to other advanced practice providers. Failure to do so will exacerbate healthcare provider shortages and disproportionately impact patients who are already underserved.

The pharmacist clinician certification, established by the 1993 Pharmacist Prescriptive Authority Act (PPAA), permits licensed pharmacists to collaborate with physicians to provide certain primary care and specialty care services. This includes prescriptive authority services, performing physical exams, and ordering lab tests. Pharmacist clinicians practice in a variety of settings and manage the medication therapy for several conditions such as anticoagulation, coronary artery diseases, diabetes, geriatrics, hypertension, heart failure, hyperlipidemia, infectious disease, neurology, pain management, and transgender health.

Although pharmacists have had the ability to register as a pharmacist clinician, the lack of recognition as providers by insurance companies has made it difficult for pharmacist clinicians to be reimbursed and for patients to receive the services they could provide. Without sustainable reimbursement, there is no financial incentive for the healthcare systems to invest in the pharmacist clinician model, which impedes the benefit of team-based care. Currently, only 187 pharmacists have an active pharmacist clinician certification out of 3,000 registered pharmacists in the state of New Mexico. Consequently, there is opportunity to better utilize pharmacists and serve patients provided there is an adequate reimbursement care model.

H.B. 42 not only requires reimbursement of pharmacist clinician services, it also creates the opportunity for more healthcare systems and community pharmacies to improve patient access to primary care in their communities. According to the New Mexico Health Care Workforce Committee 2019 Annual Report, 34 percent of New Mexico's residents reside in rural or frontier counties, most of which do not meet the national benchmark for providers needed to serve their population.¹ Payment models that preclude participation from healthcare

¹ See, https://www.nmhanet.org/files/NMHCWF_2019Report_FINAL.pdf

practitioners, such as pharmacists, who are qualified to provide care have the unintended consequence of limiting access to care, including care in community pharmacies, often in rural settings. Reimbursing pharmacist clinicians for services would support patient access to pharmacist-provided primary care services, including those in rural and medically underserved communities.

Pharmacist services demonstrate improved patient outcomes and reduced overall healthcare 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

Additionally, passage of H.B. 42 would make New Mexico one of the premier states for sustainable business models to support pharmacists practicing at the top of their profession and would help attract top candidates to jobs across the state. Accordingly, we urge you to support H.B. 42.

Thank you for considering this important legislation to leverage pharmacist clinicians to better meet the needs of New Mexico's patients by increasing New Mexico's capacity to use a coordinated, team-based, patient-centered approach to care, and delegating appropriate clinical responsibilities to pharmacists. If you have any questions regarding this letter, or if we can be of any assistance, each organization's contact person is below.

Sincerely,

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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>

National Community Pharmacists Association (NCPA)

cc: Senator Jeff Steinborn, Senate Public Affairs
Senator Craig W. Brandt, Senate Public Affairs
Senator Stuart Ingle, Senate Public Affairs
Senator Antoinette Sedillo Lopez, Senate Public Affairs
Senator Elizabeth "Liz" Stefanics, Senate Public Affairs
Senator George K. Munoz, Senate Finance Committee
Senator William F. Burt, Senate Finance Committee
Senator Pete Campos, Senate Finance Committee
Senator Jacob R. Candelaria, Senate Finance Committee
Senator Roberto "Bobby" J. Gonzales, Senate Finance Committee
Senator Gay G. Kernan, Senate Finance Committee
Senator Nancy Rodriguez, Senate Finance Committee
Senator Sander Rue, Senate Finance Committee
Senator John M. Sapien, Senate Finance Committee
Senator James P. White, Senate Finance Committee
New Mexico Pharmacists Association
New Mexico Society of Health-System Pharmacists