



PHARMACIST REIMBURSEMENT FOR HEALTH SERVICES

BILL NUMBER: Pending Introduction

PURPOSE OF BILL:

This legislation aims to provide financial compensation for pharmacists who provide certain healthcare services to patients, such as chronic disease management, medication administration, prescribing hormonal contraceptives, and health screenings. This type of legislation is designed to promote pharmacists' involvement in patient care and improve access to healthcare services. Unfortunately, there are payers, primarily out of state payer health insurance organizations, who are not recognizing pharmacists and pharmacy services under Minnesota pharmacy scope of practice (MN-151). Like their colleague RN, APRN, NP, MA, PA, chiropractors, dentists and other providers' coverage tied to a physician's health services covered in MN-62D, 62A AND MN-256B.0625 and MN-256L.03. Adding a "licensed pharmacist" to the list of covered providers will ensure Minnesota pharmacists and pharmacies are able to provide essential health services for their patients.

SIGNIFICANCE:

This bill advocates for fair and adequate financial reimbursement for pharmacy services, to increase the availability and utilization of these services. Minnesota health insurance payers are in support of the consensus legislation introduced in the House and Senate. Minnesota patients have come to rely on receiving health services offered in a community pharmacy setting. This legislation ensures Minnesotans pharmacies can offer a full array of health services under Scope to their patients.

KEY POINTS:

- **VALUE OF PHARMACIST-PROVIDED HEALTH SERVICES.** Like any other provider performing or administering a patient health service in Minnesota, pharmacists should be paid for their time, expertise, and service delivery. Clinical services that pharmacists can and are providing patients include, but are not limited to:
 - Administration of vaccines, mental health and other prescribed injections
 - Ordering and administration of COVID tests and other CLIA-waived tests (such as blood glucose tests and rapid strep tests)
 - Patient consultation and prescribing of naloxone, nicotine replacement therapy, and oral hormonal contraceptives
- **EXPANDING PATIENT ACCESS TO PHARMACY SERVICES.** This legislation ensures that patients have an adequate number of pharmacies where they can receive clinical services such as medication administration for treatment of various conditions including substance use disorder (i.e. naloxone, buprenorphine) and mental health (i.e. long-acting injectables). If enacted, pharmacists in Minnesota will be able to provide higher level patient care to patients across the state.
- **SUCCESS IN OTHER STATES.** Washington state was a pioneer in the movement to provide financial compensation to pharmacists for the healthcare services they provide to patients. In 2015, the state passed bill ESSB 5557, which required payer networks to include pharmacies offering certain services and to compensate pharmacists for these services at the same rate as other healthcare providers. Since then, several states have followed Washington's lead and passed similar bills, including New Mexico (HB42), Ohio (SB 265), and Tennessee (HB 0405/SB 0461).

To learn more about why it is important for pharmacists to be reimbursed for their services at equal rates as providers, watch a brief video featuring Ally Kingsbury, GuidePoint Pharmacist and Alyssa Butterfield, Student at the College Of Pharmacy U of M: tiny.cc/pharmreimbursement