

Cherika Johnson

February 14, 2025

Nevada Legislature

Senate Committee on Health and Human Services

Legislative Building

401 S. Carson Street

Carson City, NV 89701

RE: Strong Support for SB118 – Expanding Patient Access to Pharmacist-Provided Care

Dear Chair Donate, Vice Chair Taylor, and Members Lange, Titus, and Stone,

My name is Cherika Johnson, and I am a clinical pharmacy specialist at Nevada Health Centers with four years of experience in ambulatory care pharmacy, focused on chronic disease management and preventive care. I currently serve underserved populations in rural Nevada via telehealth and diverse communities in Las Vegas at three local family practice site clinics. I am writing to express my strong support for BDR 218 which would provide payment through Medicaid for clinical services I currently provide for my patients. Currently, I am providing these services as a courtesy to my patients, but this approach is financially unsustainable.

I provide a range of clinical services to my patients, such as chronic disease management including diabetes, smoking cessation HIV management, and Hepatitis C management. Recently, I have seen a growing need in our communities for weight management services and would like the opportunity to expand the clinical services I am able to provide. I also am motivated to expand our HIV and Hepatitis C management services to our rural communities. However, the inability to bill Medicaid for these services limits my organization's ability to sustain and expand these services. While these services are beyond traditional medication dispensing, they are critical for improving access to care, especially in Nevada, where many communities face a shortage of primary care providers. Many of my patients have had significant improvements in their chronic conditions and feel more confident in their understanding of their disease states.

Along with an improvement in patient outcomes these services can also reduce unnecessary healthcare resource utilization. These services are within the scope that pharmacists can provide, and 15 states require Medicaid to pay pharmacists for performing clinical services. Reimbursement for clinical services rendered will encourage companies and pharmacists to provide and enhance services that promote public health. 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.

Passage of BDR 218 would remove these barriers by establishing payment parity for pharmacists, allowing me to expand services and reach more patients. This legislation would not only improve access to care but also enhance health outcomes, reduce overall healthcare costs, and alleviate strain on other parts of the healthcare system. Without this change, current financial constraints may force me to scale back services, leaving patients without convenient and trusted access to care that they are currently accustomed to.

Thank you for considering this critical step to ensure all Nevadans can benefit from the full range of services pharmacists are trained to provide. I urge you to support BDR 218 for the health and well-being of your constituents.

Sincerely,

X 

Cherika Johnson, PharmD, CDCES, AAHIVP
Clinical Pharmacy Specialist