



February 7, 2020

Chairman Paul G. Pinsky
Maryland Senate Education, Health, and Environmental Affairs Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support for SB440- Expanding Access to Tobacco Cessation Services at Pharmacy Healthcare Destinations

Dear Chairman Pinsky:

On behalf of the 931 chain pharmacies operating in Maryland, the National Association of Chain Drug Stores (NACDS) and the Maryland Association of Chain Drug Stores (MACDS) offer our strong support for SB440 that would expand Marylanders' access to tobacco cessation aids at pharmacy healthcare destinations as well as appropriate corresponding coverage for the provision of this pharmacy care service. We applaud you, Chairman Pinsky, and your fellow members of the Maryland Senate Education, Health, and Environmental Affairs Committee for your tremendous efforts to identify opportunities that expand access to care throughout the state. Synergistic to these efforts, we urge you and the Committee to advance this bill.

Despite extensive public health and policy efforts to curb smoking over several decades, currently about 34 million adults in the U.S. smoke cigarettes and healthcare costs attributed to smoking have risen to more than \$170 billion per year. While Maryland's smoking rates for adults (nearly 14%) and high schoolers (about 8%) are lower than the national average, smoking-related healthcare costs Maryland more than \$2.7 billion per year and related losses in productivity cost more than \$2.2 billion. The Centers for Disease Control and Prevention (CDC) estimates that about 50% of daily adult smokers in Maryland quit smoking for one or more days in 2017, indicating a desire to change behavior. Notably, Maryland has made several investments toward curbing tobacco use such as a strong investment in its quit line and having a private insurance mandate provision for cessation. However, given the continued high public health and financial burden of tobacco use in the state, additional reform and expanded access to tobacco cessation aids is still needed.

The successful implementation of SB440 would address this important public health and economic issue by leveraging community pharmacists to deliver accessible, affordable, and well-coordinated care to Marylanders at pharmacy healthcare destinations. Evidence has shown that patients visit pharmacies ten times more frequently than other healthcare providers. According to U.S. Surgeon General Dr. Jerome Adams in 2019,

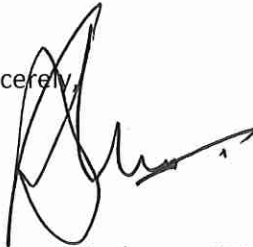
"Clinical interventions for smoking cessation are critical if we are to achieve our goal of eliminating the devastating effects of smoking on public health. Primary care physicians, nurses, pharmacists, and other providers in all medical disciplines and in all healthcare environments should take advantage of those opportunities to inform and encourage smokers to quit."

Currently 12 states have passed legislation or regulations that expand patient access to tobacco cessation aids. Since 2004, New Mexico has allowed pharmacists to prescribe tobacco cessation products with great success. In a New Mexico study conducted over six years, 1,437 study participants received tobacco cessation services at pharmacies with average quit rates at 1 month (about 29%), 3 months (about 23%), and 6 months

(about 18%). This study demonstrated that pharmacist-led tobacco cessation programs maintained quit rates similar to programs run by other healthcare professionals. The authors concluded that broader pharmacist involvement, via prescribing and related programs, expand access to quality care and support avoidance of tobacco-related health outcomes.^{viii} Evidence indicates that face-to-face counseling is the “gold standard” for behavioral treatment of nicotine dependence,^{ix} and Marylanders could benefit from such care at their pharmacy healthcare destination. In a systematic review of 49 studies totaling a combined 19,000 participants, experts concluded that face-to-face tobacco cessation services – and individualized counseling – are more effective than other care options.^x And in order to sustain the delivery of high quality care, it is essential to deploy the necessary reimbursement infrastructure for the provision of patient care services. In 2019, the state of California passed legislation allowing pharmacists to receive appropriate reimbursement for the furnishing of nicotine replacement therapy products.^{xi} Additionally, the 2019 U.S. Surgeon General Report related to tobacco cessation discusses the importance of implementing appropriate reimbursement measures in order to increase the delivery of interventions, namely via allowing more clinicians to bill for tobacco cessation services and expanding pharmacists’ scope of practice to allow prescriptive authority for tobacco cessation therapies.^{xii} Marylanders would greatly benefit from having the opportunity to access quality, affordable, tobacco cessation aids from their community pharmacy healthcare destination.

NACDS and MACDS strongly urge you and the Committee to advance SB 440, as doing so would expand access to Marylander care and broadly improve patient health. Further, doing so would be an important step forward toward curbing tobacco use by children and adults in Maryland. We welcome the opportunity to work collaboratively with you and the Committee on this and other issues that expand Marylander access to high-quality care.

Sincerely,



Steven C. Anderson, IOM, CAE
President and Chief Executive Officer
National Association of Chain Drug Stores



Cailey E. Locklair
President
Maryland Association of Chain Drug Stores

ⁱ Smoking Cessation: A Report of the Surgeon General. HHS. 2020. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

ⁱⁱ Truth Initiative. Tobacco Use in Maryland 2019. Jun 2019. <https://truthinitiative.org/research-resources/smoking-region/tobacco-use-maryland-2019>

ⁱⁱⁱ CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2017.

^{iv} Truth Initiative. Tobacco Use in Maryland 2019. Jun 2019. <https://truthinitiative.org/research-resources/smoking-region/tobacco-use-maryland-2019>

^v *Studied in Medicaid patient populations* Hemberg N, Huggins D, et al. Innovative Community Pharmacy Practice Models in North Carolina. North Carolina Medical Journal. June 2017. <http://www.ncmedicaljournal.com/content/78/3/198.full>

^{vi} Smoking Cessation: A Report of the Surgeon General. HHS. 2020. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

^{vii} NASPA. Pharmacist Prescribing: Tobacco Cessation Aids. August 2019. <https://naspa.us/resource/tobacco-cessation/>

^{viii} Shen X, Bachyrycz A, et al. Quitting Patterns and Predictors of Success Among Participants in a Tobacco Cessation Program Provided by Pharmacists in New Mexico. Jun 2014. JMCP. <https://www.jmcp.org/doi/10.18553/jmcp.2014.20.6.579>

^{ix} Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz N, et al. Treating tobacco use and dependence: 2008 update. Rockville, MD: U.S. Department of Health and Human Services, U.S. Public Health Service; 2008. <https://www.ncbi.nlm.nih.gov/books/NBK63952/>

^x Smoking Cessation: A Report of the Surgeon General. HHS. 2020. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation. Cochrane Database of Systematic Reviews 2017, Issue 3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001292.pub3/abstract>

^{xi} California Department of Healthcare Services. Pharmacist Services are a Medi-Cal Benefit. April 2019. http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_27162_02.asp

^{xii} Smoking Cessation: A Report of the Surgeon General. HHS. 2020. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>