

3/10/2017

To the Oregon House Committee on Health Care:

Regarding HB 2373, please add Pharmacists to the list of providers eligible for the Rural Health Care Income Tax Credit.

Being a pharmacist today requires earning a doctorate degree, which is a higher level degree than is required by some of the professions that already receive the Oregon income tax credit for providers serving in a rural area. Many pharmacists follow up their doctoral degree by then completing a one to two year residency training program. With the establishment of provider status for pharmacists through the passage of Oregon House Bill (HB) 2028 signed into law by Governor Kate Brown on June, 2015, it makes sense that pharmacists should use their newly granted scope of practice to enhance patient access to care. It seems to me that incentivizing them to do so in an underserved community, just like any other provider, seems not only fair and appropriate, but advantageous to the health care system as pharmacists are the most accessible health care professionals.

HB 2028 allows for pharmacists to get paid for clinical services rendered, just like other providers. I am a United States Public Health Service officer and at the rural tribal clinic I work at in Chiloquin, pharmacists manage Cardiovascular Risk Reduction (diabetes, hypertension, and lipids) and Anticoagulation clinics where pharmacists have clinic appointments with patients where we prescribe and manage disease specific medications through Collaborative Drug Therapy Management agreements, known as Clinical Pharmacy Agreements in HB 2028, that have been signed by the patient's referring physician. HB 2028 also allowed for Oregon statewide protocols to be created in collaboration between the Oregon Board of Pharmacy and the Oregon Health Authority. These statewide protocols are another avenue in which pharmacists are using their provider status to help increase access to care by prescribing hormonal contraceptives (HB 2879) as well as unit of use Naloxone in patients at risk of opioid overdose (HB 4124.) More statewide protocols are being developed for future implementation, which will only further increase the role of pharmacists as health care providers in their community.

Regarding the financial impact that adding pharmacists to this credit would create, the Oregon Board of Pharmacy has every pharmacist's home and work address and would be able to see how many pharmacists work in "rural" areas in order to see how many Oregon pharmacists would qualify for this credit. In the same way it is very difficult to get pharmacy students to intern outside of the Willamette Valley, the vast majority of Oregon pharmacists end up working along the I-5 corridor from Portland to Eugene. Therefore, it is safe to assume that the majority of pharmacists in the state would not qualify for this tax credit and the financial burden on the state would be negligible in regards to adding pharmacists to the list of eligible providers for the Rural Health Care Income Tax Credit.

Thank you for your desire for parity by making pharmacists eligible for the Rural Health Care Tax Credit.

Respectfully,

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