APhA
American Pharmacists Association

October 3, 2023

Office of Regulation Policy & Management
Office of General Counsel
U.S. Department of Veterans Affairs (VA)
Veterans Health Administration
Washington, DC 20420

[Submitted electronically via VA.NSP@va.gov]

To whom it may concern:

On behalf of our nation's over 334,000 pharmacists[1] including over 6,000 VA pharmacists,[2] the American Pharmacists Association (APhA) is pleased to submit the following comments for the VA public listening session held on September 7, 2023.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists and pharmacy personnel in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

Pharmacists are highly trained medication experts providing accessible[3] direct patient care and medication distribution nationwide in all geographical areas to under-/uninsured[4], commercially insured, Medicaid/Medicare eligible patients, and most pertinent to this Statement, to our nation's veterans. Pharmacists and pharmacy personnel clearly demonstrated their essential role throughout the COVID-19 pandemic by administering 300+ million COVID-19 vaccines, conducting 42+ million COVID-19 tests, and contributing to billions of dollars in savings.[5,6] Pharmacists in the VA setting participate in team-based care delivery and practice all duties as indicated by their license plus additional duties as indicated within their scope of VA employment and consistent with the practice standard. This includes remaining accessible for the provision of direct patient care, ordering and distribution of medications, and ordering and

[1] https://www.bls.gov/ooh/healthcare/pharmacists.htm
[2] https://vacareers.va.gov/careers/pharmacy-jobs/
[3] https://pharmacist.com/Advocacy/Issues/Inequity-to-COVID-19-Test-to-Treat-Access-Pharmacists-can-help-if-permitted
[4] https://www.pharmacist.com/Publications/Pharmacy-Today/Article/serving-underserved-populations
[5] https://pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19/Infographic
[6] https://pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19

2215 Constitution Ave. NW
Washington, DC 20037
800 237 2742
pharmacist.com

administration of vaccines among other duties in acute care, transitions of care, and substance use disorder, depending on credentialing.[7]

APhA recognizes that the VA published an interim final rule which confirmed that VA health care professionals, including pharmacists, may practice their profession consistent with the scope and requirements of their VA employment "notwithstanding any State license, registration, certification, or other requirements."[8] In addition, this interim final rule confirms VA's authority in 38 CFR 17.419 to establish national standards of practice, which will standardize a health care professional's practice in all VA locations, by invoking the Supremacy Clause of the U.S. Constitution to preempt state laws.[9]

Support of VA National Standards of Practice, Clinical Pharmacist Standard, and Clinical Pharmacist Practitioner Standard

APhA is supportive of the VA's efforts to establish national standards of practice under the Supremacy Clause of the Constitution, including establishing national standards for the categories of clinical pharmacist and clinical pharmacist practitioner specific to the VA system. Assuring that America's veterans can access the same level and type of care regardless of the VA location they enter is paramount. National standards of practice allow this to occur without barriers of different state regulations, scopes, or other considerations at risk of preventing high-quality and consistent care delivery. In addition, decreasing the variances between the level and type of care increases the likelihood of timely access to equitable care to improve health outcomes.

Specific to and within the VA system, APhA supports the clinical pharmacist national standard and the clinical pharmacist practitioner (CPP) national standard. APhA affirms that pharmacists in all healthcare settings practice clinically, as evidenced by the significant contributions pharmacists make to improved access, care, and outcomes across the healthcare continuum. These contributions are further exemplified by the substantial education, training, and experience received by pharmacists. With their extensive experience, pharmacists bring a wealth of knowledge and application of direct practice skills to the field. It is worth noting that pharmacists since the early 2000s have graduated as a Doctor of Pharmacy (PharmD), ensuring a high standard of education and clinical training in the profession.[10]

The national standards of practice describe a set of services that are reflective of contemporary pharmacist practice, and because they will be implemented nationwide, provide an excellent model for the private sector, where there is currently state-to-state variability. These standards support the ability of pharmacists to improve access to medication treatments, using their professional judgment and expertise to address the needs of patients across a spectrum of public health priorities. In addition, it allows the credentialing of pharmacists to prescribe and

[7] https://www.pbm.va.gov/PBM/CPPO/Clinical_Pharmacy_Practice_Office_ResourcesAndTools.asp
[8] https://www.federalregister.gov/d/2020-24817/p-3
[9] https://www.ecfr.gov/current/title-38/chapter-I/part-17/subject-group-ECFRdbd8d11c1202212/section-17.419
[10] The Council on Credentialing in Pharmacy. Credentialing in pharmacy. Am J Health-Sys Pharm. 2001:58(1);69-76. https://doi.org/10.1093/ajhp/58.1.69

manage drug therapy independently across a wide variety of patient care settings. Finally, the national standards outline services reflective of pharmacists practicing at a level consistent with their individual education, training, experience, and practice setting as well as providing comprehensive medication management (CMM) services within team-based models of care. APhA also appreciates the proposed credential pathway for pharmacists to transition from clinical pharmacists to CPPs in the VA. Outside of the VA system, APhA maintains consistent support that all "pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities."[11]

Pharmacists can Ameliorate Health Care Worker Shortages

Recognizing that medically underserved areas exist, and other types of health care workers are exiting their practice settings, pharmacists and pharmacy personnel are uniquely positioned to relieve some of the consequences of health care workforce shortages. Pharmacists' scope of practice has grown substantially across the country over the last 25 years, unlocking an array of new opportunities for pharmacists to provide added services and value to patients. Although there are similarities in the foundational services pharmacists provide to their patients, there is variability in the types of expanded services, collaboration potential, and spectrum of autonomy of practice between states due to differences in state laws and regulations. In order to leverage pharmacists to their full potential, as a part of an interprofessional and collaborative health care team, there is a need to align their scope of practice with their education and training. VA's national standard of practice for the clinical pharmacist practitioner and clinical pharmacist does just that.

Pharmacists' Scope of Practice and Impact on Patient Outcomes

Pharmacists' foundational scope of practice traditionally has been limited to making medication therapy recommendations that require prescriber approval to make medication changes. Examples include assessing medication therapies; recommending over-the-counter medications to patients and prescription products to prescribers; patient education; prevention and wellness services; CMM services, including medication adherence, focused on optimizing the use of medications; and safe dispensing of medications.

All 50 states trust pharmacists to prescribe and order medications through collaborative practice agreements (CPAs) or autonomous prescribing. Examples of services that pharmacists provide under CPAs (per the individual agreement) include anticoagulation management, where the pharmacist orders or performs International Normalized Ratio (INR) tests and makes warfarin dosage adjustments; and hypertension management, where the pharmacist monitors the patient's blood pressure; medication management, including initiating, modifying, and discontinuing therapy; and working with the patient on lifestyle modifications to achieve targeted clinical goals.

---

[11] 2017, 2023 Contemporary Pharmacy Practice (July/August 2012; reviewed 2016, 2019, 2021, 2023). J Am Pharm Assoc. 2023:63;1265-81. https://www.japha.org/article/S1544-3191(23)00158-9/pdf

In recent years, there has been an expansion in pharmacists' ability to provide services in response to public health needs and disease states via statewide protocols (SWPs). Examples of SWPs include provision/prescribing of HIV PrEP/PEP, hormonal contraceptives, tobacco cessation, and naloxone, and testing and treating for acute ailments such as influenza, streptococcal infections, COVID-19, and other ailments. Pharmacists have the authority to initiate HIV PrEP in 12 states[12] and HIV PEP in 14 states[13], via prescriptive authority, statewide protocol, or other means. Eleven states allow pharmacists to test and treat for influenza, streptococcal infections, and/or COVID-19 via prescriptive authority, statewide protocol, or other means.[14]

Pharmacists have a positive direct impact on patient outcomes and health care expenditures. Approximately 50% of all U.S. adults have one or more chronic disease conditions and 86% of total U.S. health care costs are attributed to chronic conditions.[15] Pharmacists have a return on investment of 4:1 when providing disease-state management through autonomous practice efforts and sustained collaboration on team-based care models.[16] If a patient inadvertently runs out of a life-sustaining medication, pharmacists can review and supply an additional fill to avoid an urgent or emergent situation until the patient can access additional patient care team members. Pharmacists provide direct access to life-saving services and preventative services such as naloxone for opioid overdose, hormonal contraceptives for pregnancy prevention[17], and immunizations for vaccine-preventable diseases. Interprofessional team-based care models that incorporate a pharmacist are shown to increase the quality of care and improve patient outcomes.[16] Finally, pharmacists want to spend more time with patients and the VA national standard of practice will allow them to do so.[18]

APhA is grateful for the opportunity to submit a statement in support of establishing a VA national standard of practice for health care professionals and, in particular, for clinical pharmacists and clinical pharmacist practitioners within the VA system. Pharmacists and pharmacy personnel remain steadfast in providing high quality, safe, accessible, equitable, and timely patient care and medications to our nation's veterans and can serve as a solution to addressing other health care worker gaps. Please contact Michael Baxter, Vice President, Federal Government Affairs at mbaxter@aphanet.org if you have any additional questions or need additional information. Thank you again for the opportunity to provide comments on this important issue.

---

[12] Arkansas, California, Colorado, Idaho, Illinois, Maine, Montana, Nevada, New Mexico, Oregon, Utah, Virginia

[13] Arkansas, California, Colorado, Idaho, Illinois, Maine, Missouri, Montana, Nevada, New Mexico, New York, Oregon, Utah, Virginia

[14] Arkansas, Colorado, Delaware, Idaho, Illinois, Iowa, Kansas, Michigan, Minnesota, New Mexico, Virginia

[15] Holman HR. The Relation of the Chronic Disease Epidemic to the Health Care Crisis. ACR Open Rheumatol.2020 Mar;2(3): 167–173. doi: 10.1002/acr2.11114

[16] Murphy EM, Rodis JL, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. J Am Pharm Assoc (2003).2020 Nov-Dec;60(6):e116-e124. doi: 10.1016/j.japh.2020.08.006

[17] Rodriguez MI, Hersh A, et al. Association of Pharmacist Prescription of Hormonal Contraception with Unintended Pregnancies and Medicaid Costs. Obstet Gynecol. 2019 Jun;133(6):1238-1246. doi: 10.1097/AOG.0000000000003265.

[18] https://www.drugtopics.com/view/pharmacists-want-more-time-patients

Sincerely,

Michael Baxter
Vice President, Federal Government Affairs

2215 Constitution Ave. NW
Washington, DC 20037

800 237 2742
pharmacist.com