
**American Pharmacists Association
House of Delegates – March 24-27, 2023**

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Randy McDonough, Magaly Rodriguez de Bittner, Stephen Carroll
(Name)

November 30, 2022
(Date)

American Pharmacists Association Board of Trustees
(Organization)

Subject: Uncompensated Care Mandates in Pharmacy

Motion:

1. APhA expects that all government, manufacturer, and payor policies for the provision of patient care, medical products and supplies, and related administrative services, appropriately recognize the role of pharmacists and pharmacies, and have adequate funding and accompanying mechanisms for reimbursement for pharmacist and pharmacy-provided services.
2. APhA expects that all government entities, manufacturers, and payors incorporate transparent and comprehensive cost analyses associated with the implementation of new programs in establishing reimbursements for pharmacist-provided patient care services, medical products and supplies, and related administrative services.

Background:

The American Pharmacists Association (APhA) Board of Trustees has charged a task force of the Board to recommend policy to the APhA House of Delegates surrounding uncompensated health care mandates. This proposed policy topic comes as a direct result from feedback the APhA Board of Trustees has received from APhA members across the country, urging that policy be developed on this subject. Reimbursement for pharmacy services has been an ongoing advocacy topic for APhA, especially related to efforts to recognize pharmacists as providers. However that being said, uncompensated care mandates is an additional issue that does not currently have sufficient adopted policy. Pharmacies pride themselves on being accessible health care resources for their communities, however if this accessibility is exploited without compensation, this could potentially lead to pharmacy closures negatively impacting entire communities of patients.

Uncompensated health care refers to services provided by health care professionals in any setting, which is not reimbursed by the patient or their insurance plan. This is most prevalent in instances where patients do not have insurance and do not pay the cost of care. For health care professionals recognized by the government as providers, the costs incurred by uncompensated care may be offset by several public funds and programs. However pharmacists are often not included in such mechanisms because of their lack of provider status, and therefore may be more negatively impacted by uncompensated care in a state of emergency – especially when mandated by regulatory policies.

The issues surrounding uncompensated health care mandates were exacerbated during the COVID-19 pandemic, when pharmacists were called on by the government to provide mandatory services such as distribution of PPE, COVID-19 immunizations, COVID-19 Test to Treat clinical assessments, among other roles. Despite the clear value these services had for pharmacy patients, these services were neither consistently nor optimally resourced, jeopardizing viability of pharmacies and pharmacy services. For example, when the temporary HRSA funding for COVID-19 vaccine administration for uninsured patients ran out in spring of 2022, pharmacists were largely still expected to provide the same vaccine administration service and assessment without compensation. While many pharmacists continued to do so out of the best interests of their patients and public health, this presented a substantial sustainability problem to pharmacies who now were mandated to absorb the associated costs, among all other costs to their businesses. Pharmacy teams were also called upon to distribute free materials such as masks to all patients, regardless of whether they'd received, or run out of, materials supplied by their state and federal government. This often forced pharmacies to absorb additional costs in order to fulfill promises made to the public on their behalf. Even in situations where pharmacists were compensated to provide critical services, such as the Test to Treat services for COVID-19 therapeutics, pharmacists were met with dismal compensation rates that often failed to account for the extensive time and resources taken to conduct such services.

The proposed policy is meant to encompass all aspects of uncompensated care mandates, both from the retroactive and prospective lenses. This includes medical products, administration, dispensing, and more. Medical products are defined by the World Health Organization as any instrument, apparatus, implement, machine, appliance, implant, reagent for in vitro use, software, material or other similar or related article, intended by the manufacturer to be used, alone or in combination for a medical purpose. Comprehensive cost analyses recommended to assess fairness and adequacy of compensation are intended to include considerations of geography, practice setting, required resources, and more.

References:

1. HealthCare.gov. Uncompensated Care. <https://www.healthcare.gov/glossary/uncompensated-care/#:~:text=Health%20care%20or%20services%20provided,pay%20the%20cost%20of%20care> (Accessed November 23, 2022)
2. Kaiser Family Fund. Sources of Uncompensated Care for the Uninsured. <https://www.kff.org/uninsured/issue-brief/sources-of-payment-for-uncompensated-care-for-the-uninsured/> April 2021 (Accessed November 23, 2022)
3. Health Resources & Services Administration. COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured. <https://www.hrsa.gov/provider-relief/about/covid-uninsured-claim>. May 2022. (Accessed November 23, 2022)

4. Feldman N, Yu A. How pharmacies and labs are scrambling to manage loss of federal COVID funds. <https://why.org/articles/pharmacies-and-labs-scrambling-manage-loss-of-federal-covid-funds/> March 2022 (Accessed November 23, 2022)
5. American Pharmacists Association. Inequity to COVID-19 Test to Treat Access – Pharmacists Can Help if Permitted. <https://www.pharmacist.com/Advocacy/Issues/Inequity-to-COVID-19-Test-to-Treat-Access-Pharmacists-can-help-if-permitted> (June 2022)
6. World Health Organization. Medical Devices. https://www.who.int/health-topics/medical-devices#tab=tab_1 (Accessed November 23, 2022)

Current APhA Policy & Bylaws:

2020 Providing Affordable and Comprehensive Pharmacy Services to the Underserved

1. APhA supports the expansion and increased sources of funding for pharmacies and pharmacist-provided care services that serve the needs of underserved populations to provide better health outcomes and lower healthcare costs.
2. APhA supports charitable pharmacies and pharmacy services that ensure the quality, safety, drug storage, and integrity of the drug product and supply chain, in accordance with applicable law.

(JAPhA. 60(5):e11; September/October 2020)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **January 23, 2023** (60 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.