



January 19, 2024

[submitted electronically via: pmendelson@dccouncil.gov & chenderson@dccouncil.gov]

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W., Suite 504
Washington, D.C. 20004

Councilwoman Christina Henderson
Chair, Committee on Health
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W., Suite 402
Washington, DC 20004

Dear Chair Mendelson and Councilwoman Henderson:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on the Health Occupations Revision General Amendment Act of 2023 (HORA). HORA makes numerous vital updates to the District of Columbia (DC) Code, including better-aligning pharmacists' scope of practice with their education and training. These updates include allowing pharmacists to compound, dispense, and label biologics, authorizing pharmacists to order immunizations, administer injectable medications, and order, perform, and interpret Clinical Laboratory Improvements Amendments (CLIA)-waived tests. Additionally, HORA updates the composition of the DC Board of Pharmacy to include a pharmacy technician member. While APhA is generally supportive of these changes, without a reimbursement process supporting pharmacists providing these services, patients will continue to face barriers to receiving essential care. Accordingly, APhA urges the Council to include language in HORA requiring reimbursement by private and public health plans to pharmacists providing patient care services within their scope of practice, to the same extent as services provided by other health care providers.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists 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. APhA represents the pharmacists and students who practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as medication experts in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

Substantial published literature clearly documents the proven and significant improvement to patient outcomes¹ and reduction in health care expenditures² when pharmacists are optimally leveraged as the medication experts on patient-care teams. Adding language in HORA that would require reimbursement of services provided by pharmacists by private and public health plans is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, we are observing health plans recognizing the value of the pharmacist and investing in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.³

As you may be aware, many of DC's neighborhood pharmacies, especially those in rural communities,⁴ are closing because of the unsustainable reimbursement model in the drug supply chain, perpetuating health care disparities. Without immediate changes, the current payment model will put many independent pharmacies out of business and further create "pharmacy deserts" in minority and underserved communities, where the neighborhood pharmacy may be the only health care provider for miles.⁵

The creation of programs that allow for the direct reimbursement of services provided by pharmacists through Medicaid, Medicaid Managed Care Organizations, and private health plans opens additional opportunities for these pharmacists to maintain their practice and provide valuable health care services that are necessary for many DC communities. It is also important to note these programs are not expected to raise costs for health plans, as published literature has shown that pharmacist-provided care results in cost savings and healthier patients.^{6,7} This strong return on investment supports why many other states have established comparable programs. For example, Oregon, identified in their fiscal legislative analysis that the creation of a similar program would have "minimal expenditure impact on state or local government."⁸

¹ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

² Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

³ CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at

<https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

⁴ Hawryluk M. Large parts of rural America are becoming drugstore deserts. These small towns found an escape. *The Washington Post*. Published December 15, 2021. Available at <https://www.washingtonpost.com/business/2021/12/03/drugstore-deserts-rural-america/>

⁵ Guadamuz, Jenny. Et. al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01699>

⁶ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

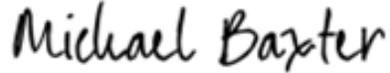
⁷ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

⁸ FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.

For these reasons, APhA strongly urges the Council to include language in HORA requiring private and public health plans to reimburse pharmacists for patient care services who are practicing within their scope of practice. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

A handwritten signature in black ink that reads "Michael Baxter". The signature is written in a cursive, slightly slanted style.

Michael Baxter
Vice President, Federal Government Affairs

cc: Councilmember Kenyan R. McDuffie, Chair Pro Tempore
Councilmember Anita Bonds
Councilmember Robert C. White, Jr.
Councilmember Brianne K. Nadeau
Councilmember Brooke Pinto
Councilmember Matthew Frumin
Councilmember Janeese Lewis George
Councilmember Zachary Parker
Councilmember Charles Allen
Councilmember Vincent C. Gray
Councilmember Trayon White, Sr.