January 29, 2019

The Honorable Lamar Alexander
Chairman
U.S. Senate Finance Committee
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
U.S. Senate Finance Committee
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander, Ranking Member Murray and Members of the Senate Committee on Health, Education, Labor and Pensions (HELP):

On behalf of the American Pharmacists Association (APhA) and our members, I write to express our gratitude to the Committee for holding today’s hearing—Access to Care: Health Centers and Providers in Underserved Communities.

APhA, founded in 1852 as the American Pharmaceutical Association, represents 62,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, physicians’ offices, hospitals, long-term care facilities, community health centers, managed care organizations, hospice settings and the uniformed services.

APhA and our members agree that more needs to be done to help the individuals and communities in underserved area, including health professional shortage areas (HPSAs), medically underserved areas (MUAs), and medically underserved populations (MUPs).

The Health Resources and Services Administration (HRSA) estimates that it would require an additional 13,800 primary care physicians needed today to provide a minimum level of care that would remove the HPSA designations.\(^1\) Access to health care in rural areas has been a problem for more than 80 years.\(^2\) While 20% of Americans live in rural areas, only 9% of physicians do.\(^3\) The rural maldistribution is expected to worsen without significant intervention, as growth in urban residencies has far outpaced growth in rural training programs;\(^4\) and the majority of physicians ultimately practice close to where they trained.\(^5\)

---


The ongoing barriers to care in HPSAs, MUAs and MUPs prompted 56 bipartisan Senators to cosponsor S. 109, the *Pharmacy and Medically Underserved Areas Enhancement Act*, in the 115th Congress. The legislation would help fill this treatment gap and reduce overall cost in Medicare Part B by increasing medically underserved beneficiaries’ access to health care services through pharmacists. With 89% of Americans living within five miles of a community pharmacy, pharmacists are the most accessible health care practitioner, and already located in medically underserved communities.

In addition to accessibility, pharmacists are the medication expert on the patient’s health care team. The importance of medication-related services cannot be overstated, particularly in the Medicare program. Medications are the primary method of treating chronic diseases, costing more than $1 trillion annually. Yet, almost 50% of people prescribed medications for chronic diseases do not take their medications correctly. Consequently, the United States spends a possible $672 billion annually on medication-related problems and nonoptimized medication therapy, including nonadherence.

Pharmacists are trained to do far more than to simply fill prescriptions. Today’s pharmacists receive clinically-based Doctor of Pharmacy degrees, and many also complete post-graduate residencies and become Board-certified in a variety of specialties. As the demand for health care services continues to grow, pharmacists have expanded their role by collaborating with physicians and other health care providers to meet patients’ needs. Integrating pharmacists into the Medicare Part B program like other health care professionals, such as nurse practitioners and physician assistants, will benefit patients, create a new access point in HPSAs, MUAs and MUPs already facing growing physician shortages and reduce costs for patients and government programs.

While pharmacists are known for their role in dispensing medications and helping patients use them safely, today’s pharmacists are trained and licensed to provide a number of additional services needed by many patients. As part of the health care team, pharmacists can play an important role in helping underserved communities. For example:

- Patients living with chronic conditions often have medications from multiple providers. Pharmacists see the patient’s complete medication profile and can help bridge the communication gap between health care providers by coordinating and providing medication-related services.
- Pharmacists working with other providers improve care coordination and delivery, resulting in better outcomes for patients. As the medication use experts, pharmacists can help

---

6 CDC. Health and Economic Costs of Chronic Diseases. Last reviewed: October 23, 2018. Available at: https://www.cdc.gov/chronicdisease/about/costs/index.htm
prescribers determine the most-appropriate drug for the indication and recommend changes to
optimize therapies, monitor medications and chronic conditions to improve patients’ health
outcomes and manage patients’ medications through transitions of care.

- Pharmacists are involved in pain management programs to address our nation’s opioid crises,
  including medication tapering services, working in medication assisted treatment (MAT)
  programs, and furnishing naloxone where authorized.
- Depending on state authority, pharmacists working under collaborative practice agreements
can also initiate, monitor, modify, and discontinue medication therapy, including opioids, and
order and interpret laboratory tests in collaboration with other members of the health care
team. While CMS, has supported the increased utilization of pharmacists in this regard in the
states,9 Medicare does not currently cover pharmacist services, and, thus, millions of
beneficiaries are unable to benefit from pharmacists’ expertise and care.

Accordingly, to address the unmet need for health care services, APhA urges your Committee to
pass legislation this year that will improve patient outcomes and care by enabling medically
underserved beneficiaries to access the care and services from pharmacists—the health care
practitioner with the most medication-related education and training.

Again, thank you for your continuing leadership to prioritize patients and communities in
underserved areas with your policy making efforts. Pharmacists stand ready to help. Please contact
Alicia Kerry J. Mica, Senior Lobbyist, at AMica@aphanet.org or by phone at (202) 429-7507 to
arrange a meeting with APhA to discuss the many services pharmacists can and do provide, including
lifesaving ways to combat our nation’s opioid epidemic and improve patient care for these
underserved populations lacking access to health care services in your states.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

cc: Stacie Maass, BSPharm, JD, Senior Vice President, Pharmacy Practice and Government
Affairs

Addendum 1

---

9 Wachino, Vikki. State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using
Available at: https://www.medicaid.gov/federal-policy-guidance/downloads/cib011717.pdf