



APhA

2215 Constitution Avenue, NW • Washington, DC 20037-2985

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

¹ Association of American Medical Colleges, March 2018. The Complexities of Physician Supply and Demand: Projections from 2016 to 2030. Available at: https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ec129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf

² Goodell, Kristen. Testimony for Senate Committee on Health, Education, Labor and Pensions Hearing May 22, 2018. Health Care Workforce: Addressing Shortages and Improving Care. Available at: <https://www.help.senate.gov/imo/media/doc/Goodell1.pdf>

³ Howard K. Rabinowitz, MD, James J. Diamond, PhD, Fred W. Markham, MD, and Jeremy R. Wortman, Medical School Programs to Increase the Rural Physician Supply: A Systematic Review and Projected Impact of Widespread Replication. *Academic Medicine*, Vol. 83, No. 3 / March 2008. Available at: [http://krhis.kdhe.state.ks.us/olrh/Notices.nsf/bf25ab0f47ba5dd785256499006b15a4/79edbd02248881d486257402005295c7/\\$FILE/Medical%20Schools%20and%20Rural%20Physicians.pdf](http://krhis.kdhe.state.ks.us/olrh/Notices.nsf/bf25ab0f47ba5dd785256499006b15a4/79edbd02248881d486257402005295c7/$FILE/Medical%20Schools%20and%20Rural%20Physicians.pdf)

⁴ Locations and Types of Graduate Training Were Largely Unchanged, and Federal Efforts May Not Be Sufficient to Meet Needs. GAO-17-411: Published: May 25, 2017. Publicly Released: Jun 26, 2017. Available at: <https://www.gao.gov/products/GAO-17-411>

⁵ Fagan EB, Gibbons C, Finnegan SC, Petterson S, Peterson KE, Phillips RL, Bazemore AW. Family Medicine Graduate



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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.⁶ Yet, almost 50% of people prescribed medications for chronic diseases do not take their medications correctly.⁷ Consequently, the United States spends a possible \$672 billion annually on medication-related problems and nonoptimized medication therapy, including nonadherence.⁸

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

Proximity to Their Site of Training: Policy Options for Improving the Distribution of Primary Care Access. *Family Medicine* (Fam Med) 2015;47(2):124-30. Available at: <https://www.stfm.org/FamilyMedicine/Vol47Issue2/Fagan124>

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>

⁷ Sabaté E, editor, ed. *Adherence to Long-Term Therapies: Evidence for Action*. Geneva, Switzerland: World Health Organization; 2003. Available at: <https://www.cdc.gov/chronicdisease/about/costs/index.htm>

⁸ Watanabe, Jonathan H. Et. al. Cost of Prescription Drug-Related Morbidity and Mortality. *Annals of Pharmacology*. First Published March 26, 2018. Available at: <http://journals.sagepub.com/eprint/ic2iH2maTdI5zfN5iUay/full>



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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, BSP Pharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

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

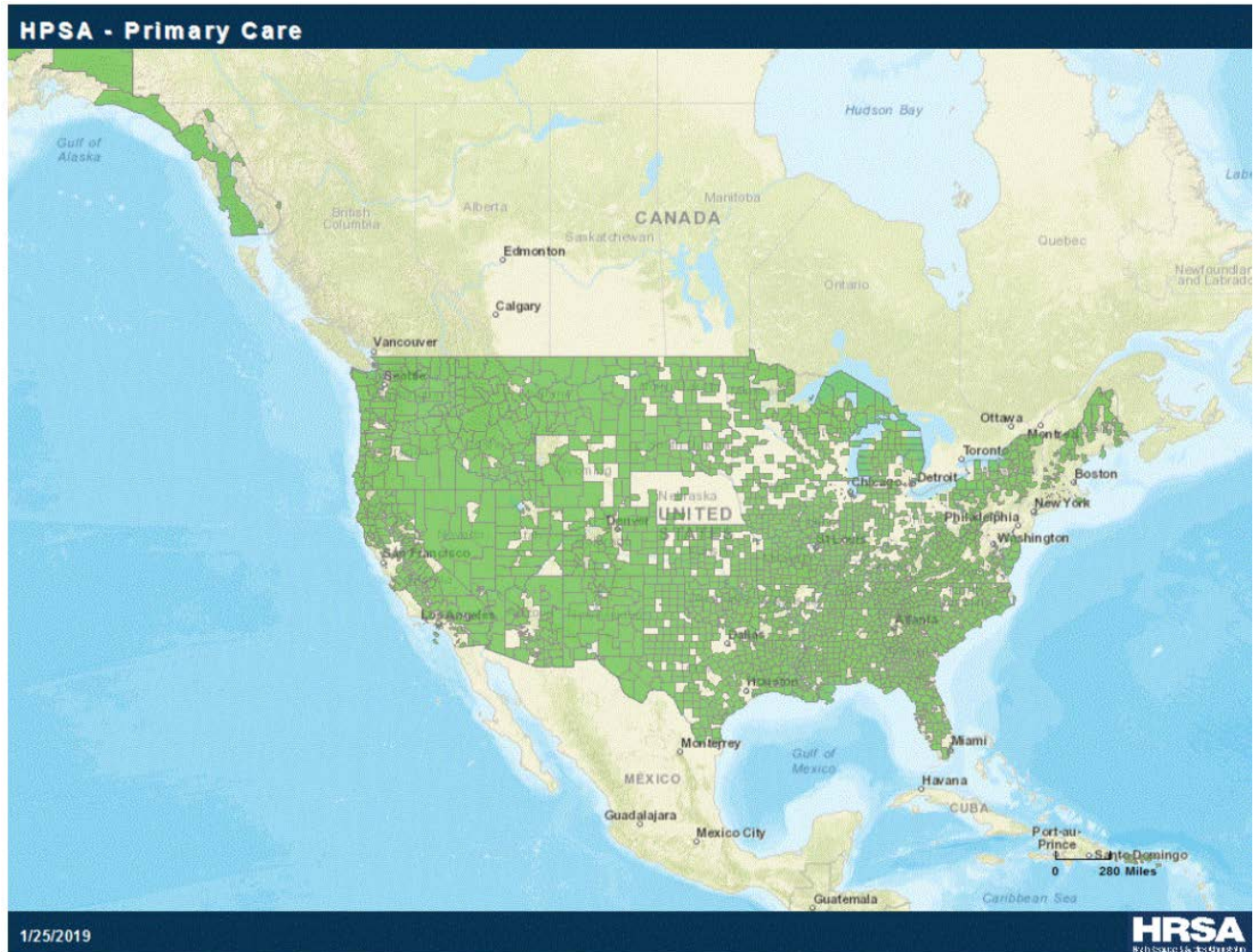
Addendum 1

⁹ Wachino, Vikki. State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols. CMCS. Information Bulletin. January 17, 2017. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib011717.pdf>



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Addendum 2



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