

Congressman Ron Kind
502 Longworth House Office Building
Washington DC 20515

Congresswoman Nanette Diaz Barragán
2246 Rayburn House Office Building
Washington, DC 20515

Congressman David McKinley
2239 Rayburn House Office Building
Washington DC 20515

Congressman Buddy Carter
2432 Rayburn House Office Building
Washington, DC 20515

Re: Ensure Patient Access to Reliable Care & Services Provided By Pharmacists

Dear Representatives Kind, McKinley, Barragán, and Carter:

The undersigned health systems write to express our deep support for H.R. 7213, the Equitable Community Access to Pharmacist Services Act. This legislation would enable patients to continue to receive timely and consistent care from pharmacists for pandemic-related health services and allow pharmacists to continue to respond to ongoing and future public health threats to our nation. By immediately acting to advance this legislation, Congress can ensure pharmacist services are covered, alleviate any gaps in patient care, and advance health equity.

The COVID-19 pandemic has further demonstrated that pharmacists are essential in providing healthcare and services for Americans, especially underrepresented and underserved populations and rural communities. Pharmacies and pharmacists have answered the call to protect public health, rapidly launch and expand testing in local communities, and vaccinate hundreds of millions of Americans facing an overburdened health care system. Pharmacists in hospitals and health systems were critical to COVID-19 vaccine rollout efforts, setting up vaccine administration sites and providing millions of vaccine doses. Since then, pharmacists in the Federal Retail Pharmacy Program alone have administered more than 234 million COVID-19 vaccine doses as of March 2022.

In our organizations, pharmacists provide team-based clinical services in both the inpatient and outpatient setting. Clinical pharmacists collaborate with our physicians, nurses, and other healthcare professionals to provide safe and effective medication use and improve patient health outcomes while reducing workload burdens on other clinical staff.¹ They educate patients and caregivers about their medications, monitor drug therapy, and coordinate communication between patients, insurers, and interdisciplinary specialty providers. Pharmacists' management of medication therapy has been shown to improve transitions of care and reduce hospital readmissions.²

¹ McFarland, MS, Nelson J, Ourth H, Groppi J and Morreale A. Optimizing the primary care clinical pharmacy specialist: Increasing patient access and quality of care within the Veterans Health Administration. *J Am Coll Clin Pharm.* 2020;3:494- 50; Funk, K., Pestka, D., McClurg, M., Carroll, J., Sorensen, T. Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life. *Journal of American Board of Family Medicine.* 2019; 32(4): 462-473. doi: 10.3122/jabfm.2019.04.180376

² Ni, W., Colayco, D., Hashimoto, J., Komoto, K., Gowda, C., Wearda, B., McCombs, J. Budget Impact Analysis of a Pharmacist-Provided Transition of Care Program. *Journal of Managed Care & Specialty Pharmacy.* Feb 2018; Budlong, H, Brummel, A, Rhodes, A, Nici, H. Impact of Comprehensive Medication Management on Hospital Readmission Rates. *Population*

Unfortunately, federal barriers undermine the ability of pharmacists to continue to meet patients where they are and the ability of patients to access health care in their communities, particularly during this pandemic. Currently pharmacists are reimbursed for COVID-19 testing, vaccination, and initiation of treatment under a patchwork of laws and regulations. When the public health emergency ends, Medicare beneficiaries' access to pharmacist care will be put at risk.

Congress should move quickly to pass H.R. 7213 to ensure pharmacists are reimbursed for critical care and services under Medicare Part B. In doing so, Congress will ensure Medicare beneficiaries can continue to receive treatment from pharmacists for pandemic-related health conditions and allow pharmacists to respond to ongoing and future public health threats to our nation. Medicare beneficiaries living in rural, socially vulnerable, and underserved areas will be especially benefited by this federal policy to reduce the existing gap in access to care.

Before, during, and after the COVID-19 pandemic, pharmacists have provided – and will continue to provide – consistent, reliable access to health care services and treatments for patients. The United States urgently needs a coherent regulatory framework that ensures consistent access to and reimbursement for pharmacist services, beyond medication dispensing.

We thank you for your leadership on H.R. 7213 to ensure patients have continued access to timely and reliable health care and services provided by pharmacists.

We stand ready to engage with you on this timely and important effort.

Sincerely,

ASHP (American Society of Health-System Pharmacists)
Allina Health (Minnesota)
Avera Health (South Dakota)
Baptist Health (Arkansas)
Baptist Health South Florida (Florida)
Beth Israel Lahey Health (Massachusetts)
Bon Secours Mercy Health
Citizens Memorial Hospital (Missouri)
CommonSpirit (Illinois)
Cone Health (North Carolina)
Eskenazi Health (Indiana)
Harris Health System (Texas)
Howard University College of Pharmacy (DC)
Inova Health System (Virginia)
Lee Health (Florida)
LifePoint Health (Tennessee)
Mass General Brigham (Massachusetts)
Mayo Clinic (Minnesota)
Mercy Health (Ohio)
Methodist Health System (Texas)
MetroHealth Medical Center (Ohio)
MultiCare Health System (Washington)

Norton Healthcare (Kentucky)
OhioHealth (Ohio)
OSF Healthcare (Illinois)
Ohio State University Medical Center (Ohio)
Penn Medicine (Pennsylvania)
Rochester Regional Health (New York)
Saint Luke's Health System (Missouri/Kansas)
Sanford Health (South Dakota)
Trinity Health (Michigan)
UChicago Medicine (Illinois)
University Hospitals (Ohio)
University of Kansas Health System (Kansas)
University of Louisville Health (Kentucky)
University of Michigan Health (Michigan)
University of Tennessee Medical Center (Tennessee)
Upson Regional Medical Center (Georgia)
Yale New Haven Health (Connecticut)