



American Pharmacists Association[®]

Improving medication use. Advancing patient care.

June 26, 2017

The Honorable Mitch McConnell
Senate Majority Leader
S-230, U.S. Capitol
Washington, DC 20510

The Honorable Charles Schumer
Senate Minority Leader
S-221, U.S. Capitol
Washington, DC 20510

The Honorable John Cornyn
Senate Majority Assistant Leader
517 Hart Senate Building
Washington, DC 20510

The Honorable Dick Durbin
Senate Minority Assistant Leader
711 Hart Senate Building
Washington, DC 20510

RE: Better Care Reconciliation Act of 2017

Dear Leader McConnell, Leader Schumer, Assistant Leader Cornyn and Assistant Leader Durbin:

The American Pharmacists Association (APhA) appreciates the opportunity to emphasize the importance of patients being able to access care, including pharmacist-provided services and safe and affordable medications as Congress deliberates health care reform. APhA, founded in 1852 as the American Pharmaceutical Association, represents more than 64,000 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, hospitals, long-term care facilities, community health centers, physician office practices, managed care organizations, hospice settings, and the uniformed services.

APhA recognizes that health care repeal and replace legislation, such as the *Better Care Reconciliation Act of 2017*, is and will continue to be a major focus of this Congress. In addition, APhA anticipates health care reform at the federal level will likely be a long, multipronged process. Therefore, as the *Better Care Reconciliation Act of 2017* moves through the Senate, APhA looks forward to working with the Senate, as well as the House, to improve provisions limiting patient access to care, safe and affordable medications and pharmacist-provided services. We also strongly encourage policies which do not unnecessarily restrict choice, allowing patients to access care from the provider, including the pharmacist or pharmacy, of their choice.

I. Access to Prescription Drugs and Pharmacist-Provided Services

As the Senate considers legislative opportunities to improve patient access to care, APhA emphasizes that pharmacists are the most accessible health care practitioners, with 91% of all Americans live within 5 miles of a pharmacy. In addition to being medication experts,

pharmacists also provide a broad array of services beyond dispensing medications, including disease state and medication management, smoking cessation counseling, health and wellness screenings, preventive services, and immunizations. However, due to legislative and regulatory barriers, pharmacists are often an underutilized health care resource despite their medication expertise and accessibility.

The *Better Care Reconciliation Act of 2017* may further exacerbate these barriers by enabling states to allow insurance companies to sell plans that do not cover prescription drugs and prescription drug benefits, preventive and wellness services, and chronic disease management. Medications and immunizations are critical to disease prevention and management. Often, medications make the difference between life and death for patients. Pharmacist-provided services, including chronic disease management and preventive services, have demonstrated improvements in health and outcomes while reducing costs.^{1,2,3,4,5,6,7,8,9} Pharmacists are essential and accessible members of the immunization neighborhood. As the Senate seeks to balance patient access to care with a sustainable health care system, APhA reiterates the importance of maintaining prescription drug benefits and related care services, especially considering the immediate harm to patients if medication use and the management of chronic disease is interrupted.

II. Targeted Health Assistance

The *Better Care Reconciliation Act of 2017* requires a State Medicaid Flexibility Program to provide targeted health assistance to program enrollees rather than the broader medical assistance currently provided under Medicaid. Prescription drugs and pharmacists' services are not listed among the required services of a Medicaid Flexibility Program. As noted above, access to prescription drugs is a crucial component to patients' health. Additionally, better inclusion of the pharmacist in the provision of team-based care promotes efficient and coordinated delivery of care resulting in decreased costs, improved outcomes and reduced gaps in care. Thus, APhA urges the Senate to include prescription drugs and pharmacists' services in the required services for states conducting a Medicaid Flexibility Program.

¹ Moore JM, et al. *Impact of a Patient-Centered Pharmacy Program and Intervention in a High-Risk Group*. *J Man Care Pharm* 2013;19:228-36.

² Isetts BJ, et al. Managing drug-related morbidity and mortality in a patient-centered medical home. *Med Care*. 2012; 50:997-1001. DOI: 10.1097/MLR.0b013e31826ecf9a

³ Touchette DR, et al. Safety-focused medication therapy management: A randomized controlled trial. *JAPhA* 2012;52:603-12. DOI: 10.1331/JAPhA.2012.12036

⁴ Chisholm-Burns MA, Kim Lee J, Spivey CA, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analysis. *Med Care* 2010;48(10):923-33.

⁵ Isetts BJ, Schondelmeyer SW, Artz MB, et al. Clinical and economic outcomes of medication therapy management services: the Minnesota experience. *J Am Pharm Assoc*. 2008;48(2):203-11.

⁶ Wittayanukorn S, et al. Evaluation of medication therapy management services for patients with cardiovascular disease in a self-insured employer health plan. *J Manag Care Pharm* 2013;19(5):385-95.

⁷ Wentzlaff DM, Carter BL, Ardery G, et al. Sustained blood pressure control following discontinuation of a pharmacist intervention. *J Clin Hypertens*. 2011;13(6):431-7.

⁸ Monte SV, Slazak EM, Albanese NP, Adelman M, Rao G, Paladino JA. Clinical and economic impact of a diabetes clinical pharmacy service provided in a university and primary care-based collaboration model. *J Am Pharm Assoc*. 2009;49(2):200-8.

⁹ Dent LA, Harris KJ, Noonan CW. Randomized trial assessing the effectiveness of a pharmacist-delivered program for smoking cessation. *Ann Pharmacother*. 2009;43(2):194-201.

III. Pharmacy and Medically Underserved Areas Enhancement Act

As Senators consider new approaches to enhance health care in the United States, APhA highly recommends including the *Pharmacy and Medically Underserved Areas Enhancement Act* (S.109/ H.R.592) in health care reform legislation. The bill would provide access to and coverage of pharmacists' patient care services under Medicare Part B in medically underserved communities consistent with state scope of practice laws.

No other health care professional has more medication-related education and training than the pharmacist. Therefore, given the U.S. spends almost \$300 billion annually on medication-related problems¹⁰ and 14% of Medicare Fee for Service beneficiaries have six or more chronic diseases,¹¹ Medicare Part B recognition of pharmacists and their services is a commonsense solution to help improve and sustain the Medicare program. In addition, the legislation allows for care to be better structured to optimize the skills and expertise of practitioners, including pharmacists, thereby increasing access, improving quality and helping lower costs. While this policy is an important antidote to the problem of patient access, it is also an example of bipartisan health care legislation directly benefiting patients and the health care system as a whole.

We look forward to continuing to work with the Senate on ways to improve the *Better Care Reconciliation Act of 2017* to help patients through an effective and sustainable framework. As you move ahead, please do not hesitate to use APhA as resource. If you have any questions or require additional information, please contact Alicia Kerry Mica, at amica@aphanet.org or by phone at 202-429-7507.

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

¹⁰New England Healthcare Institute. Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease. August 2009. <http://www.nehi.net/publications/17-thinking-outside-the-pillbox-a-system-wide-approach-to-improving-patient-medication-adherence-for-chronic-disease/view>

¹¹Centers for Medicare and Medicaid Services. Chronic Conditions among Medicare Beneficiaries, Chartbook, 2012 Edition. Baltimore, MD. 2012.