



**American Pharmacists Association**<sup>®</sup>  
Improving medication use. Advancing patient care.

April 5, 2017

Sen. Brian Schatz  
722 Hart Senate Office Building  
Washington, DC 20510

**RE: Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2017**

Dear Senator Schatz:

The American Pharmacists Association (“APhA”) appreciates the opportunity to provide our perspective on the discussion draft of the CONNECT for Health Act of 2017 (hereinafter, “Discussion Draft”). 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, physicians’ offices, hospitals, long-term care facilities, community health centers, managed care organizations, hospice settings and the uniformed services.

APhA is committed to helping identify policy options to improve care for the millions of Americans managing chronic illness. We believe solutions will require the unified efforts of many diverse stakeholders, including health care professionals, patients and caregivers, community-based organizations, and federal, state, and local governments. Thus, we appreciate the decision to seek comments regarding the Discussion Draft. Because pharmacists are medication experts on the care team, they play an important role in improving many aspects of a patients care. In addition, as the practitioner most accessible to patients, patients often turn to pharmacists to answer their care-related questions. As the US health care system better incorporates and uses technology to improve the care provided and how it is delivered to patients, it is critical that pharmacists are able to use and contribute to telehealth so as to prevent gaps in care. Below we provide suggested changes to the Discussion Draft on the following topics: pharmacist-provided patient care services and testing and studies.

**I. Pharmacy and Medically Underserved Areas Enhancement Act**

The Discussion Draft attempts to improve patient access to health care services in a variety of ways, such as expanding telehealth and improving coverage of remote patient monitoring services. If the legislation’s goal is to increase quality and cost savings through improving Medicare beneficiary access to health care, then APhA urges Congress to include the Pharmacy and Medically Underserved Areas Enhancement Act (S. 109 / H.R. 592) in the CONNECT Act. As the health care provider most

accessible to patients, pharmacists have the capacity to bridge current gaps in care from both access and expertise vantages. 91% of Americans live within 5 miles of a pharmacy. However, because Medicare Part B does not cover many of the services pharmacists can provide, Medicare beneficiaries cannot benefit from pharmacists' provided services such as the coordination of medications during care transitions, chronic disease management and monitoring, and prevention and wellness services. For patients to achieve the full benefit of their medications and optimize their health outcomes, pharmacists must be part of the health care team. Furthermore, the benefits of other efforts to enhance patient access and care will be stifled when pharmacists are not included because a crucial component of coordinated team-based care is not addressed. While APhA appreciates efforts to expand access to patients, such as those related to telehealth and remote patient monitoring, we believe the effective and efficient delivery of comprehensive care requires the inclusion of pharmacists.

## **II. HHS testing and study on telehealth, remote patient monitoring, and the CPC+ demonstration program**

APhA supports the decision to study and report on the use of telehealth, remote patient monitoring and the Comprehensive Primary Care Plus (CPC+) demonstration program, but recommends that testing and the study include pharmacists like physicians and other health care providers. While pharmacists may be included in CPC+ demonstration programs, as noted by CMS in CPC+ resources,<sup>1</sup> it is not clear from the Discussion Draft whether the tests and study would consider the pharmacist's role. Since CMS anticipates pharmacist involvement in the CPC+ demonstration program and pharmacists provide telehealth and remote patient monitoring services, it is imperative that the Discussion Draft (Secs. 13 and 14) be modified to specifically include pharmacists to properly attribute their contributions to patients and their care.

Thank you for your leadership and work on this issue. We look forward to supporting your efforts and working with you as the Discussion Draft is refined. If you have any questions please contact, myself, Alicia Kerry Mica, APhA's Senior Lobbyist, at [amica@aphanet.org](mailto:amica@aphanet.org) or 202-429-7507 and Jenna Ventresca, Associate Director for Health Policy, by email [jventresca@aphanet.org](mailto:jventresca@aphanet.org) or phone (202) 558-2727.

Sincerely,



Alicia Kerry Mica,  
Senior Lobbyist

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<sup>1</sup> See Centers for Medicare and Medicaid Services, Comprehensive Primary Care Plus (CPC+), available at: <https://innovation.cms.gov/Files/x/cpcplus-paymentbrief.pdf>, last accessed March 30, 2017, discussing potential scenarios for prospective practices enrolled in CPC+ where pharmacists are hired with the use of CPC+ funds and involved in helping manage patients with uncontrolled chronic conditions and the care of high and rising risk patients.