



AMERICAN PHARMACISTS ASSOCIATION  
STATEMENT FOR THE RECORD

BEFORE THE U.S. SENATE HEALTH, EDUCATION LABOR & PENSIONS  
PRIMARY HEALTH AND RETIREMENT SECURITY SUBCOMMITTEE

A DIRE SHORTAGE AND GETTING WORSE: SOLVING THE CRISIS IN THE HEALTH CARE  
WORKFORCE

THURSDAY, MAY 20, 2021

Chairman Sanders, Ranking Member Collins, and Members of the Committee, the American Pharmacists Association (APhA) is pleased to submit the following Statement for the Record for the U.S. Senate Health, Education Labor & Pensions Subcommittee on Primary Health and Retirement Security Hearing, “A Dire Shortage and Getting Worse: Solving the Crisis in the Health Care Workforce.”

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

APhA thanks the Subcommittee for holding this important hearing to identify policies to address the health care workforce shortage crisis and improve patients’ access to health care. Physicians, pharmacists, and other health care practitioners are similarly challenged to meet the growing demand for patient care services. The Association of American Medical Colleges (AAMC) projects a shortfall of up to 139,000 physicians by 2030.<sup>1</sup> The physician workforce shortages that our nation is facing are being felt even more acutely as health care providers, including our nation’s pharmacists, have been mobilized on the front lines to combat the COVID-19 national emergency. The effects of shortages are only exacerbated in rural communities which already struggle to meet patient needs.<sup>2</sup> One important mechanism physician practices can employ to greatly increase their capacity to meet patient demand is to use a coordinated, team-based, patient-centered approach to care and delegate appropriate clinical responsibilities to non-physician providers, including pharmacists.<sup>3</sup>

There are more than 300,000 pharmacists in the U.S., many of whom are underutilized in their capacity to contribute to addressing unmet health care needs.<sup>4</sup> Pharmacists currently receive doctoral-level education and/or practice experience and training, with some pharmacists furthering their training to become specialists with residencies and board certification.

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<sup>1</sup> AMA. The Complexities of Physician Supply and Demand: Projections from 2018-2033. June 2020, available at: <https://www.aamc.org/media/45976/download>

<sup>2</sup> Petterson S.M., Phillips R.L., Jr., Bazemore A.W. & Koinis G.T. (2013). Unequal distribution of the U.S. primary care workforce. *American Family Physician*, 87(11), available at: <http://www.aafp.org/afp/2013/0601/od1.html>

<sup>3</sup> Bodenheimer, T.D. & Smith, M.D. (2013). Primary Care: Proposed Solutions to the Physician Shortage Without Training More Physicians, *Health Affairs*, available at: <https://doi.org/10.1377/hlthaff.2013.0234.4>

<sup>4</sup> Gums, John. Can pharmacists help fill the growing primary care gap? *UF News*. January 5, 2016, available at: <http://news.ufl.edu/articles/2016/01/can-pharmacists-help-fill-the-growing-primary-care-gap.php>

Pharmacists' participation on patient care teams has been shown to reduce adverse drug events and improve outcomes for patients with chronic diseases.<sup>5</sup> Given pharmacists' ability to reduce the estimated \$672 billion spent annually on medication-related issues,<sup>6</sup> pharmacists are critical to bending the cost curve by encouraging the delivery of high-quality, low-cost care. In addition, research has shown coordinated care models involving other health care practitioners, including pharmacists, are essential for realizing the maximum impact of patient care delivery.<sup>7</sup> Improving the utilization of pharmacists in coordinated care models, particularly in rural and medically underserved areas, will help address the need for health care practitioners to provide access and care in rural settings and improve quality.

The COVID-19 pandemic has highlighted how accessible pharmacists are and how they can be leveraged to improve the health of communities. Many of the new authorities and flexibilities provided related to pharmacists' patient care services during COVID-19, including pharmacists' ability to order, test, treat, and administer immunizations and therapeutics against COVID-19 and other infectious diseases, will end when the public health emergency is over. **Thus, as the Subcommittee understands, Congress needs to act immediately to ensure these pharmacist patient care services authorities are maintained as they have significantly increased patient access and improved care while lowering health care costs and saving lives.**

### **S. 1362 / H.R. 2759, the *Pharmacy and Medically Underserved Areas Enhancement Act***

The COVID-19 pandemic has further illustrated how difficult it is for some patients living in medically underserved communities to access care and achieve optimal medication therapy outcomes. A strong body of evidence has shown that including pharmacists on interprofessional patient care teams with physicians, nurses, and other health care providers produces better health outcomes and cost savings. Pharmacists are one of the most accessible health care providers in the nation, with nearly 90% of Americans living within five miles of one of the nation's 88,000 pharmacies.<sup>8</sup> Pharmacists and pharmacies' lights stayed on from the start of the pandemic, and they are essential components of public health infrastructure.

Despite the fact that many states and Medicaid programs are turning to pharmacists to increase access to health care, Medicare Part B does not cover many of the impactful and valuable

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<sup>5</sup> Avalere Health. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 2014, available at:

<http://avalere.com/expertise/life-sciences/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment>

<sup>6</sup> Watanabe, J.H., McInnis, T. & Hirsch, J.D. (2018). Cost of Prescription Drug-Related Morbidity and Mortality, *Annals of Pharmacotherapy*, available at: <https://doi.org/10.1177/1060028018765159>

<sup>7</sup> Mitchell, Pamela. Et. al. Core Principles & Values of Effective Team-Based Health Care. Institute of Medicine. October 2012, available at: <https://www.nationalahaec.org/pdfs/VSRT-Team-Based-Care-Principles-Values.pdf>

<sup>8</sup> NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

patient care services pharmacists can provide. As proven during the COVID-19 pandemic, pharmacists are an underutilized and accessible health care resource who can positively affect beneficiaries' care and the entire Medicare program.

**Accordingly, APhA strongly urges the Committee to include S. 1362, the *Pharmacy and Medically Underserved Areas Enhancement Act*, recently introduced by Committee member Robert Casey (D-PA), in the Committee's legislative package to allow pharmacists to deliver vital patient care services in medically underserved areas to help break down the barriers to achieving health care equity in this country, improve patient care, health outcomes, the impact of medications,<sup>9</sup> and consequently, lower health care costs and extend the viability of the Medicare program.**

By recognizing pharmacists as providers under Medicare Part B, S. 1362 would enable Medicare patients in medically underserved communities to better access health care through state-licensed pharmacists practicing according to their own state's scope of practice. In medically underserved communities, pharmacists are often the closest health care professional and the most accessible outside normal business hours. S. 1362 recognizes that pharmacists can play an integral role in addressing these longstanding disparities to help meet health equity goals<sup>10</sup> and ensure that our most vulnerable patients have access to the care they need where they live. Helping patients receive the care they need, when they need it, is a common sense and bipartisan solution that will improve outcomes and reduce overall costs.

Specifically, S. 1362 would enable pharmacists to deliver Medicare Part B services that are already authorized by their respective state laws. These services include, but are not limited to:

- Medication management;
- Management of chronic conditions, such as diabetes and hypertension, and related medications;
- Cholesterol testing;
- Point of care testing (e.g., COVID-19, influenza, strep);
- Immunization screening and administration not currently covered by Medicare Parts B and D;

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<sup>9</sup> See, Avalere Health. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 2014, available at: <http://avalere.com/expertise/life-sciences/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment> Also, See, Avalere Health. Developing Trends in Delivery and Reimbursement of Pharmacist Services. October 2015, available at: <http://avalere.com/expertise/managed-care/insights/new-analysis-identifies-factors-that-can-facilitate-broader-reimbursement-o>

<sup>10</sup> The White House. Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. January 20, 2021, available at: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

- Tobacco cessation services; and
- Transition of care services.

The importance of medication-related services cannot be overstated, especially in the Medicare program. Medications are the primary method of managing chronic disease that disproportionately impacts minority and underserved populations, which are involved in 80 percent of all treatment regimens. For example, regarding access to cancer medications, African Americans have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers,<sup>11</sup> and face greater obstacles to cancer prevention, detection, treatment, and survival. As stated above, overall, the United States spends nearly **\$672 billion** annually on medication-related problems and nonoptimized medication therapy, including nonadherence.<sup>12</sup> Accordingly, not only will this legislation increase beneficiaries' access to health care; it will help improve their outcomes—particularly those impacted by medications.

### **Conclusion**

APhA would like to thank the Subcommittee for holding this important hearing and for continuing to work with us by making key COVID-19 health care flexibilities permanent and including S. 1362 in your legislative package to increase access to pharmacist-provided patient care services for medically underserved communities to address the dire shortage in the health care workforce. Please contact Alicia Kerry J. Mica, Senior Lobbyist, at [AMica@aphanet.org](mailto:AMica@aphanet.org) or by phone at (202) 429-7507 as a resource as you consider this legislation. Thank you again for the opportunity to provide comments on this important issue.

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<sup>11</sup> HHS. Office of Minority Health. Cancer and African Americans. Last Modified: 2/28/2020, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=16>

<sup>12</sup> 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/ic2iH2maTdl5zfN5iUay/full>