

May 11, 2021

Scott Knoer, M.S., Pharm.D., FASHP
Executive Vice President and CEO
American Pharmacists Association (APhA)
2215 Constitution Ave NW
Washington, DC 20037-2985

RE: Support for S. 1362/ H.R.2759 The Pharmacy and Medically Underserved Areas Enhancement Act

Dear Scott:

I was pleased to see the bipartisan introduction in the U.S. Congress of [S. 1362/ H.R. 2759, The Pharmacy and Medically Underserved Areas Enhancement Act](#). This federal legislation would enable pharmacists to deliver Medicare services that are already authorized by their respective state laws to provide the type of integrated care model we implemented at the Cleveland Clinic.

I wholeheartedly support this federal legislation and am happy to help bring it across the finish line to benefit our nation's patients.

As you know, during my 14-year tenure as the President and CEO of Cleveland Clinic, I worked to unite everyone on care teams into an integrated health care delivery system focused around one theme: "patients first." I've always believed that ten heads are better than one, so bring them together to solve difficult challenges. Instead of an individual sport, healthcare has become a team sport. That's why I worked at Cleveland Clinic to support integrated care and free up physicians as much as possible by having other healthcare practitioners, such as pharmacists, work at the height of their licensure.

Integrated health care systems leverage the fact that 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](#). We learned at Cleveland Clinic that disruption in health care is going to happen at the pharmacy and you're going to be able to do more and more things at that primary care level as you disperse care to where the population is.

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. This federal legislation would align reimbursement with the services pharmacists are trained to provide and give underserved patients more access to crucial care.

As you know, COVID-19 was a game changer to the delivery of healthcare and how people think about taking care of themselves. The fight against COVID-19 demanded the federal government take action to allow pharmacists and other health care professionals to do more of what they are trained to do. By being more flexible about certain requirements and expanding scope of practice through new authorities, the federal government made it easier for pharmacists to provide vaccinations, testing and patient care services during the COVID-19 public health emergency. However, many of these authorizations are only temporary.

In order to continue the transformation of our nations' health care system towards a modernized, team-based, integrated care model, I encourage my fellow physicians and executives to put "patients first," and urge their Members of Congress to swiftly pass S. 1362/

H.R. 2759. Doing so will 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, and consequently, lower health care costs and extend the viability of the Medicare program.

Sincerely,

A handwritten signature in black ink, appearing to read "Toby Cosgrove", enclosed in a thin black rectangular border.

Toby Cosgrove, M.D.