



H.R. 592/S. 109

The Pharmacy and Medically Underserved Areas Enhancement Act

Purpose: H.R. 592/S. 109, the Pharmacy and Medically Underserved Areas Enhancement Act, will enable Medicare beneficiaries access to pharmacist-provided services under Medicare Part B by amending section 1861(s)(2) of the Social Security Act. These services would be reimbursable under Medicare Part B if they are provided in medically underserved communities and consistent with state scope of practice laws.

Scope

- *Who* – State-licensed pharmacists with a B.S. Pharm. or Pharm. D. degree who may have additional training or certificates depending on state laws.
- *What* – Pharmacist services according to state scope of practice.
- *Where* – Medically underserved communities (i.e., Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), or Health Professional Shortage Areas (HPSAs) as designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA)).
- *Reimbursement* – Consistent with Medicare reimbursement for other non-physician practitioners, pharmacist services would typically be reimbursed at 85% of the physician fee schedule.

Background

Millions of Americans lack adequate access to primary health care and this is only expected to get worse as demand increases. Over the next two decades, the number of Medicare enrollees is expected to grow from roughly 50 million to over 80 million.¹ In addition, approximately 45% of Americans have at least one chronic condition, and 27%

have multiple chronic conditions, rates that are expected to continue to rise.^{ii iii} Further, the Congressional Budget Office (CBO) estimates that an additional 25 million individuals will potentially be gaining health coverage under the Patient Protection and Affordable Care Act (PPACA). Factoring all of this in, the Association of American Medical Colleges projects that, by 2020, there will be more than 91,000 fewer doctors than needed to meet demand, and the impact will be most severe on underserved populations.

In the face of this anticipated shortage, pharmacists are conveniently accessible health care professionals who, in coordination and collaboration with other health care team providers, are capable of playing a greater role in the delivery of health care services. While pharmacists remain committed to assisting patients with access and information related to their prescription medications, pharmacists today are providing a broad spectrum of services, within their scope of practice, including conducting health and wellness testing, managing chronic diseases and performing medication management, administering immunizations, and working in and partnering with hospitals and health systems to advance health and wellness and helping to reduce hospital readmissions.

Access to pharmacists' care

Physicians and certain non-physician health care professionals are reimbursed under Medicare Part B for providing necessary health care services. With very limited exceptions, pharmacists' services are not reimbursed in this fashion. The lack of reimbursement of pharmacists for services provided within their state scope of practice unnecessarily limits patient access to certain health care services and the contributions pharmacists can make to their health care and outcomes. Enabling pharmacists to practice at the top of their education and training, and be better integrated into the patient's health care team, will improve health outcomes and greatly benefit specific populations, especially those with chronic disease such as diabetes and cardiovascular disease.

Key aspects of legislation

The bill seeks to increase access and improve quality by enabling pharmacists to provide patient care services as consistent with their education, training and license. Importantly, the federal legislation would not expand the types of services that pharmacists are permitted to provide. Eligible services would continue to be governed by state scope of practice laws.

The legislation promotes increased access to care for patients who are otherwise medically underserved. Specifically, the legislation focuses on care for underserved beneficiaries in MUAs, MUPs, and HPSAs, as designated by HRSA. As the shortage of primary care physicians increases, so too will the challenges that patients in underserved communities face, especially those related to access. This legislation can help address provider shortages and access issues in underserved areas.

The bill promotes cost-effective health care by increasing access to care and opportunities for early intervention at cost-effective settings so as to minimize long-term health care costs such as those associated with preventable higher-cost conditions.

Consistent with precedent established in the Social Security Act for nurse practitioners and physician assistants, pharmacist services would be reimbursed at 85% of the physician fee schedule, unless they are operating under the direct supervision of a physician, in which case they would be reimbursed at 100% of the physician fee schedule.

Request

APhA and the Patient Access to Pharmacists' Care Coalition respectfully request that you contact your Member of Congress and Senators to request that they co-sponsor H.R. 592/S. 109, the Pharmacy and Medically Underserved Areas Enhancement Act. If they have already co-sponsored the bill, be sure to thank them for their support of this important legislation.

About the Coalition

The Patient Access to Pharmacists' Care Coalition's mission is to develop and help enact federal legislation that would enable patient access to, and reimbursement for, Medicare Part B services by state-licensed pharmacists in medically underserved communities consistent with state scope of practice law. Our primary goal is to expand medically underserved patients' access to pharmacists' services.

Contact

Please contact Alicia Kerry Mica at amica@aphanet.org or (202) 429-7057 for more information.

¹ U.S. Congressional Research Service. Medicare Financing (R41436; September 19, 2013), by Patricia A. Davis

² Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000.

³ Anderson G. Chronic care: making the case for ongoing care. Robert Wood Johnson Foundation: Prince-ton (NJ); 2010. [cited 2011 Jan 19].