



2021

INDEPENDENT COMMUNITY PHARMACY LEGISLATIVE PRIORITIES

H.R. 2759/S. 1362

Pharmacy and Medically Underserved Areas Enhancement Act

H.R. 2759, introduced by Representatives G.K. Butterfield (D-N.C.) and David McKinley (R-W.Va.), and S. 1362, introduced by Senators Chuck Grassley (R-Iowa), Bob Casey (D-Pa.), and Sherrod Brown (D-Ohio), enables Medicare beneficiaries access to pharmacist-provided services under Medicare Part B by amending section 1861(s)(2) of the *Social Security Act* to recognize pharmacists as providers.

- Pharmacist-provided services would be reimbursable under Medicare Part B only if provided in areas of the country that HRSA defines as medically underserved areas (MUAs), medically underserved populations (MUPs), or health professional shortage areas (HPSAs).
- The legislation does not expand services beyond each states' already existing scope of practice.
- The legislation is consistent with precedent established by the Nurse Practitioners and Physicians' Assistants provider status efforts; pharmacist services would be reimbursed at 85% of the physician fee schedule.

Millions of Americans already lack adequate access to health care due to primary care physician shortages in their communities, despite many of these patients having health insurance coverage. Pharmacists are among the nation's most accessible healthcare providers and fill this critical gap in patient care, especially in rural MUAs where 20% of the U.S. population lives and only 9% of the nation's primary care physicians practice; in contrast, 90% of Americans live within 5 miles of a pharmacy.^{1,2,3} The COVID-19 pandemic has highlighted the unique ability of independent community pharmacies to serve MUAs and MUPs—56.8% of independent community pharmacies that immunize serve communities that rank “high” or “very high” on the CDC's Social Vulnerability Index, which measures factors such as poverty, lack of transportation, and crowded housing to identify communities that need extra support during public crises.⁴

KEY POINTS

- Pharmacists can play a greater role in the delivery of healthcare services. Pharmacists who practice at the fullest extent of their education, training, and license can provide services that include health and wellness screenings, chronic disease management, immunization administration, medication management, and working in and partnering with hospitals and health systems to advance health and wellness and reduce hospital readmissions.
- Enabling pharmacists to be more integrated into the patient's health care team will also improve health outcomes and greatly benefit specific populations with chronic disease, including those with diabetes and cardiovascular disease.
- However, the lack of pharmacist recognition as a provider by Medicare limits payment for services provided by pharmacists, thereby limiting patients' access to these essential services.
- These services are desperately needed in areas of the country that HRSA defines as MUAs, MUPs, and HPSAs. Small, independent community pharmacies are often located in rural and highly-urban areas where larger chain stores might not be as willing to locate. Community pharmacists play an integral role in bringing access to care to those areas of the country, and patients, who need it most.

1. Rosenblatt, R. and Hart, L. (2000). Physicians and rural America. *Western Journal of Medicine*. 173(5), 348-351.

2. Strand, M., Bratberg, J., Eukel, H., Hardy, M., and Williams, C. (2020). Community pharmacists' contributions to disease management during the COVID-19 pandemic. *Preventing Chronic Disease*. doi: 10.5888/pcd17.200317

3. Qato, D., Zenk, S., Wilder, J., Harrington, R., Gaskin, D., and Alexander, G. (2017). The availability of pharmacies in the United States: 2007-2015. *PLoS One*. 12(8): e0183172.

4. Centers for Disease Control and Prevention. (2018). CDC's Social Vulnerability Index (SVI) interactive map. Retrieved from svi.cdc.gov/map.html