

Submitted electronically via dualeligibles@cassidy.senate.gov

January 11, 2023

Senator Bill Cassidy, MD
520 Hart Senate Office Building
Washington, DC 20510

Re: Bipartisan Effort to Improve Care for Patients Jointly Enrolled in Medicare and Medicaid

Senator Cassidy,

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide feedback on the Bipartisan Effort to Improve Care for Patients Jointly Enrolled in Medicare and Medicaid. NCPA represents America's community pharmacists, including 19,400 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members represent a \$78.5 billion healthcare marketplace, employ 240,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers.

NCPA provides comments to the following questions below:

What are the shortcomings of the current system of care for dual eligibles? What specific policy recommendations do you have to improve coordination and integration between the Medicare and Medicaid programs?

Develop Part D Plan Guidance for Medical at Home Pharmacy Services: The pandemic and changing delivery of healthcare services has highlighted the growing need for a medical at home model. The medical at home model provides the same services to a population of patients as they would receive in an LTC facility in their homes, which is a lower cost and more comfortable and functional environment. LTC pharmacies are providing the same valuable services they are providing to skilled nursing facility patients, but the services are being delivered in the patient's home. NCPA urges that Congress pass legislation requiring that CMS recognize long-term care pharmacy services to home and community-based beneficiaries and issue Part D plan guidance formally recognizing these services at the same level as other LTC services received by facility-based beneficiaries. NCPA also urges that Congress recommend to CMS to issue recommendations to states to include medical at home pharmacy services as part of their Home Community-Based Services (HCBS) benefits package.

How does geography play a role in dual coverage? Are there certain coverage and care management strategies that are more effective in urban areas as compared to rural areas?

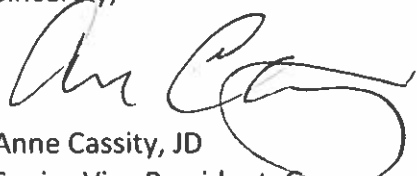
Pharmacy shortage areas affect 50% of the population and 33% of Medicaid beneficiaries. These areas are identified in the USC-NCPA Pharmacy Access Initiative's Pharmacy Shortage Area Mapping Tool.¹ The first of its kind, this neighborhood (census tract) level analysis shows pharmacy shortage areas in urban, suburban, and rural neighborhoods that may not be identified in current pharmacy network access standards. For example, 2020 CMS Medicare Part D access standards do not note any pharmacy shortage areas in urban areas, but the mapping tool identifies over 8,400 urban neighborhoods as shortage areas. Accurately identifying these shortage areas may increase uptake of dual enrollment for those qualified.

Conclusion

NCPA thanks Senator Cassidy for the opportunity to provide feedback, and we stand ready to work with Congress to offer possible solutions and ideas.

Should you have any questions or concerns, please feel free to contact me at anne.cassity@ncpa.org or (703) 838-2682.

Sincerely,



Anne Cassidy, JD
Senior Vice President, Government Affairs
National Community Pharmacists Association

¹ For details, see: <https://news.usc.edu/203228/usc-map-identifies-pharmacy-deserts/> and <https://ncpa.org/newsroom/news-releases/2022/10/24/ncpa-collaborates-usc-groundbreaking-pharmacy-mapping-project>.