

Submitted electronically January 31, 2023

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9898-NC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: Request for Information; Essential Health Benefits

Dear Dockets Management Staff,

On behalf of its members, the National Community Pharmacists Association (NCPA) thanks you for the opportunity to respond to the Request for Information; Essential Health Benefits. 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.

How should the EHB advance health equity by taking into consideration economic, social, racial, or ethnic factors that are relevant to health care access (for example, access to appropriate language services)?

The EHB may advance health equity by ensuring access to pharmacy services by supporting independent pharmacies through pharmacy networks and addressing pharmacy shortage areas-neighborhoods which do not have adequate pharmacy access according to a threshold set by a patients' insurance plan. Peer reviewed studies have shown that the most true definition of pharmacy access is a pharmacy located within 0.5 miles of areas designated as low-income and low-vehicle ownership, one mile of urban areas, two miles of suburban areas, and 10 miles of rural areas (urbanicity based on population density).¹ **Pharmacy shortage areas affect over 25% of the population across urban, suburban, and rural areas.**¹ Medicaid populations are even more affected by pharmacy shortage areas, with 33.2% of Medicaid beneficiaries in 2020 living in a pharmacy shortage area. 30.2% of these lives reside in rural areas, 35.6% in suburban areas, and 34.2% in urban areas.¹

1. Data retrieved from the USC-NCPA Pharmacy Access Initiative; Pharmacy Shortage Area Mapping Tool

Analysis of this data also shows demographic makeup per neighborhood, showing which populations are most affected by pharmacy shortage areas. For example, 36.7% of low-income individuals reside in pharmacy shortage areas. Additionally, 37.1% of predominantly Black neighborhoods are designated as pharmacy shortage areas. **Addressing pharmacy shortage areas and pharmacy network adequacy improves health equity and access to care across all populations.**

Preventive care coverage may also be improved by inclusion of independent pharmacies in all pharmacy networks. Vaccines are a readily available opportunity for pharmacies to make an impact on overall public health. During the COVID-19 pandemic pharmacies showed the public their value as healthcare professionals on the frontlines. By January 2022, pharmacies provided over 299 million COVID vaccines through the Federal Retail Partnership Program.² Pharmacies also regularly administer influenza, tetanus, diphtheria, and pertussis, shingles, pneumococcal, meningitis, HPV, and hepatitis A and B vaccines (depending on state authority). Availability of these services at pharmacies are imperative for patients who may not have a primary care physician or have difficulty getting an appointment for these services. Additional preventive health services include diabetes prevention programs, tobacco cessation, osteoporosis screening, and HIV screening and PEP/PrEP services.³ Payment programs through state Medicaid programs or other state programs are available for some of these services, but not all. Independent pharmacies are located in areas most dependent on these services- such as rural and urban pharmacy shortage areas. According to research by the USC-NCPA Pharmacy Access Initiative, independent pharmacy closures were the primary contributor to the formation of new pharmacy shortage areas between 2018 and 2020, with over 55% of such areas being caused by the closure of an independent pharmacy.⁴

In what ways could EHB better address health conditions that disproportionately affect underserved populations or large parts of the American population?

EHB may better address health conditions disproportionately affecting underserved populations by utilizing pharmacists within independent pharmacies. Pharmacists are trained in chronic disease management and screening and have more regular interactions with patients compared to physicians.⁵ Pharmacists can provide screening for conditions such as osteoporosis,

2. <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>

3. Kelling SE, Rondon-Begazo A, DiPietro Mager NA, Murphy BL, Bright DR. Provision of Clinical Preventive Services by Community Pharmacists. [Addendum appears in Prev Chronic Dis 2016;13. http://www.cdc.gov/pcd/issues/2016/16_0232e.htm.] Prev Chronic Dis 2016;13:160232. DOI: <http://dx.doi.org/10.5888/pcd13.160232>external icon

4. USC-NCPA Pharmacy Shortage Areas Mapping Tool

5. Berenbrok LA, Gabriel N, Coley KC, Hernandez I. Evaluation of Frequency of Encounters With Primary Care Physicians vs Visits to Community Pharmacies Among Medicare Beneficiaries. JAMA Netw Open. 2020 Jul 1;3(7):e209132. doi: 10.1001/jamanetworkopen.2020.9132. PMID: 32667653; PMCID: PMC7364370.

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hyperlipidemia, and diabetes in the community setting. According to CDC Diabetes and Obesity maps⁶, there are several overlapping areas between high prevalence of diabetes and the USC-NCPA Pharmacy Access Initiative's definition of pharmacy shortage areas. Increasing access to independent pharmacies in this area increases access to health professionals trained to manage disease.

Other than pharmacists providing care, several pharmacies also utilize Community Health Workers (CHWs), who are specialists in outpatient care coordination. EHB may consider incentives for pharmacies to develop CHW programs to serve their communities. Studies have shown that CHWs in collaboration with pharmacies can decrease barriers to medication adherence and patient outcomes.⁷ CHWs are also trained to aid patients in insurance coverage, appointment scheduling, transportation, and other healthcare related concerns. One pilot program in Southeast Missouri showed decrease in costs per case associated with CHWs.⁸

NCPA thanks CMS for the opportunity to provide information, and stands ready to collaborate on future efforts. For more information about the USC-NCPA Pharmacy Shortage Areas Mapping Tool, or any questions or comments, please reach out to Jessica Satterfield at Jessica.satterfield@ncpa.org or (703)-838-2669.

Sincerely,



Jessica Satterfield
Associate Director, Policy and Pharmacy Affairs

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6. <https://www.cdc.gov/diabetes/data/center/slides.html>
 7. Wheat L, Roane TE, Connelly A, Zeigler M, Wallace J, Kim JH, Segal R. Using a pharmacist-community health worker collaboration to address medication adherence barriers. J Am Pharm Assoc (2003). 2020 Nov-Dec;60(6):1009-1014. doi: 10.1016/j.japh.2020.08.021. Epub 2020 Sep 14. PMID: 32943338.
 8. https://semorx.com/wp-content/uploads/2020/12/CHW-report_7.21.2020-2-1.pdf