

March 20, 2020

The Honorable Nancy Pelosi
Speaker of the House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Steny Hoyer
Majority Leader
1705 Longworth House Office Building
Washington, DC 20515

The Honorable James Clyburn
Majority Whip
200 Cannon House Office Building
Washington, DC 20515

The Honorable G.K. Butterfield
2080 Rayburn House Office Building
Washington, DC 20515

The Honorable Ron Kind
1502 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Steve Scalise
Minority Whip
2049 Rayburn House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
2434 Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Reed
2263 Rayburn House Office Building
Washington, DC 20515

RE: Include Pharmacists and Medically Underserved Areas Enhancement Act in COVID-19 Legislation

Dear Speaker Pelosi, Leader Hoyer, Leader McCarthy, Majority Whip Clyburn, Minority Whip Scalise, Representatives Guthrie, Butterfield, Kind, and Reed:

As COVID-19 spreads, our healthcare system is becoming strained and will struggle to provide adequate care to patients. The United States must immediately expand access to providers, particularly for Medicare beneficiaries who are the most vulnerable to the virus. There are over 309,000 pharmacists in the United States who stand ready to provide care to Medicare patients.¹ We urgently request that you include “The Pharmacy and Medically Underserved Areas Enhancement Act” in emergency legislation so that Medicare patients have appropriate access to pharmacist services.

This measure does not expand pharmacists’ scope of practice. Rather, it allows pharmacists to provide the same level of care to Medicare beneficiaries that they provide to the rest of the population, as specified in their state scope of practice laws. It is essential that the Medicare program allow pharmacists to practice at the top of their licenses to care for our nation’s most vulnerable population, consistent the administration’s recent Executive Order 13890.

In rural and underserved communities and in areas experiencing physician shortages, pharmacists may be the only healthcare provider that is immediately accessible to patients. COVID-19 highlights that we need pharmacists to be available as providers on the frontlines of care, particularly for Medicare beneficiaries, who are at the greatest risk of mortality from COVID-19. States recognize the

¹ <https://www.bls.gov/oes/2018/may/oes291051.htm>

care pharmacists can provide and are taking action to rapidly expand pharmacist services, but lack of reimbursement continues to be a barrier for Medicare beneficiaries to receive care from pharmacists.

In addition, pharmacies are already under enormous financial pressure. This crisis will further jeopardize their survival if the care they are able to provide is not reimbursed. COVID-19 is already highlighting the shortcomings of our Medicare payment system that prevents qualified pharmacists from fully serving Medicare patients, including those in rural and medically underserved communities. Congress should increase access to needed care and reduce the strain on our healthcare system by letting pharmacists care for our nation's Medicare beneficiaries.

We thank you for your support of “*The Pharmacy and Medically Underserved Areas Enhancement Act*” and appreciate your leadership in ensuring access to care for Medicare patients across the country. We respectfully ask that you include “*The Pharmacy and Medically Underserved Areas Enhancement Act*” in the emergency legislation to address the COVID-19 pandemic. If you have any questions regarding this request, or if we can be of any assistance, please feel free to contact us.

Please consider including the text of this legislation as originally introduced as S. 109 in the 115th Congress. Please also consider removing the limitation in paragraph 2(a) (3) that reimbursement be limited to health professional shortage areas and medically underserved communities, as the COVID-19 crisis is likely to strain the healthcare workforce of all communities, regardless of their designation:

To amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of pharmacist services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Pharmacy and Medically Underserved Areas Enhancement Act”.

SEC. 2. MEDICARE COVERAGE OF PHARMACIST SERVICES.

(a) COVERAGE.—Section 1861(s)(2) of the Social Security Act ([42 U.S.C. 1395x\(s\)\(2\)](#)) is amended—

(1) by striking “and” at the end of subparagraph (FF);

(2) by adding “and” at the end of subparagraph (GG); and

(3) by inserting after subparagraph (GG) the following new subparagraph:

“(HH) pharmacist services furnished by a pharmacist, as licensed by State law, individually or on behalf of a pharmacy provider—

“(i) which the pharmacist is legally authorized to perform in the State in which the individual performs such services;

“(ii) as would otherwise be covered under this part if furnished by a physician, or as an incident to a physician’s service; and

[“(iii) in a setting located in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act), medically underserved area, or medically underserved population (as defined in section 330(b)(3) of such Act);”.]

(b) PAYMENT.—Section 1833(a)(1) of the Social Security Act ([42 U.S.C. 1395l\(a\)\(1\)](#)) is amended—

(1) by striking “and (BB)” and inserting “(BB)”; and

(2) by inserting before the semicolon at the end the following: “, and (CC) with respect to pharmacist services (as defined in section 1861(s)(2)(HH)), the amounts paid shall be equal to 80 percent of the lesser of the actual charge or 85 percent of the fee schedule amount provided under section 1848 if such services had been furnished by a physician”.

(c) EFFECTIVE DATE; PHARMACIST SPECIFIC CODES.—

(1) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall apply with respect to services furnished on or after January 1, 2018.

(2) PHARMACIST SPECIFIC CODES.—The Secretary of Health and Human Services shall develop pharmacist specific codes, as necessary, under the physician fee schedule under section 1848 of the Social Security Act ([42 U.S.C. 1395w-4](#)).

Sincerely,

Accreditation Council for Pharmacy Education
American Association of Colleges of Pharmacy
American Pharmacists Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
College of Psychiatric & Neurologic Pharmacists
Hematology/Oncology Pharmacy Association
National Alliance of State Pharmacy Associations
National Association of Chain Drug Stores
National Association of Specialty Pharmacy
National Center for Frontier Communities
National Community Pharmacists Association
National Rural Health Association

CC:

Rep. Abraham, Ralph Lee
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Rep. Allen, Rick W.
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