

Fully Enable Pharmacists to Fight the COVID-19 Pandemic

The COVID-19 pandemic is creating unprecedented challenges for the health care system that demand new flexibilities and authorities for pharmacists to respond. Policies are needed on both the federal and state level that engage pharmacists in preserving and expanding access to essential patient care services. Below are key policy priorities that must be achieved to ensure pharmacists are fully and sustainably engaged in the health care response to the pandemic now and in the future as the impact of the pandemic unfolds.

Provider Status

Designate pharmacists as providers under Medicare Part B to ensure that pharmacists are reimbursed for patient care services, including COVID-19 and influenza services, provided by pharmacists acting within their state scope of practice or as authorized under an emergency declaration with the ability to extend coverage to address future public health emergencies.

Congress must pass legislation that amends the Social Security Act to include pharmacists as eligible providers so pharmacists can bill Medicare directly for patient care services provided to seniors.

Immunizations

Expand current state pharmacists' immunization authority to order and administer all Food and Drug Administration (FDA)-approved vaccines, including the forthcoming vaccine for COVID-19, for all indicated populations.

Action is needed to overcome state-specific regulatory barriers to administering immunizations, such as age restrictions and the necessity of a physician's order/prescription.

Testing

Establish a clear regulatory path to ensure payment for all necessary and required services for all pharmacists and pharmacies to conduct COVID-19 testing and services (including patient assessment, ordering the test, specimen collection, performing the test, interpreting the results, and reporting the results to the patient and appropriate entities) for all patients.

Despite federal guidance authorizing pharmacists to test for COVID-19, there remains no clear regulatory path to ensure payment for all the necessary and required services to conduct testing for all patients.

Telehealth

Codify the recent COVID-19-related telehealth flexibilities (location requirements, virtual supervision of "incident to" services) and expand enforcement discretion under Medicare and Medicaid, both through regulations and Congressional action, to permit and reimburse pharmacists for providing all services authorized under their state scope of practice the same as in-person services.

Flexibilities issued by HHS and CMS allow for the use of non-public-facing software, relaxed location requirements, and pharmacists to provide telehealth services under "incident-to" arrangements with physician supervision provided virtually using real-time audio and visual technology.

Access to Medications

Preserve flexibility for pharmacists to compound all necessary medications in shortage under sections 503A and 503B of the Drug Quality and Security Act (DQSA) for hospitalized patients without patient-specific prescriptions to address shortages during a public health emergency.

FDA has granted flexibilities for pharmacists to compound medications in shortage under 503A and 503B for hospitalized patients without patient-specific prescriptions.

Pandemic Planning

Involve pharmacists in state emergency response planning and coordination, including the request process and distribution plan for personal protective equipment (PPE), ancillary medical supplies, and the Strategic National and state stockpiles.

Pharmacists must engage in pandemic planning activities on the local, state, and federal level to ensure pharmacists are able to fully respond to future pandemics.

