June 23, 2021

The Honorable Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services (HHS)
200 Independence Avenue, SW
Washington, DC, 20201

[Transmitted via email]

Dear Administrator Brooks-LaSure:

On behalf of our members, we would like to congratulate you on your confirmation as CMS Administrator. Collectively, our organizations represent America's 309,000 licensed, working pharmacists, as well as pharmacy technicians and student pharmacists. Our members are essential frontline workers, providing patient care in a variety of settings, including hospitals, clinics, health centers, community pharmacies, long-term care facilities, and physician offices.

Pharmacists are not only the medication experts on the healthcare team, they are also the nation's most accessible clinicians. Pharmacists now earn clinically-based Doctor of Pharmacy (Pharm.D.) degrees, and many complete postgraduate residencies and/or become board-certified in a variety of specialties. More than 90% of Americans live within five miles of a community pharmacy. Pharmacists provide direct patient care services, including immunizations, disease state and medication management, smoking cessation counseling, health and wellness screening, and other preventive services that reduce health inequities. During the pandemic, pharmacists continue to be critical to COVID-19 response, from testing to immunization and administration and monitoring of monoclonal antibody treatments to reduce the spread of the virus. In short, pharmacists are a linchpin of our nation's public health.

As you begin your work at CMS, our organizations stand ready to help. Our members share CMS's commitment to improving public health and are actively engaged in many of the most critical public health challenges our nation faces, from COVID-19 to the opioid crisis. To assist in your work, below are a few of our most pressing public health priorities, in no specific order, and we offer recommendations for addressing them:

- **Retain the Pharmacist Patient Care Authorities and Flexibilities Provided During the Public Health Emergency:** During the COVID-19 public health emergency, to mitigate and prevent infections, HHS and its subagencies triggered several authorities and instituted several regulatory flexibilities for pharmacists and other clinicians. Many of these flexibilities, including test-treat-immunize and telehealth models, should be made permanent, as they have significantly increased patient access without compromising patient care. Given the financial and human resources dedicated to scaling up these service models, coupled with their patient access benefits, retaining them is a commonsense approach to ensuring our healthcare system is ready for the next public health threat. In addition, payment for these services is imperative in Medicare and Medicaid.

- **Utilizing Pharmacists' Expertise to Achieve Health Equity Goals:** Pharmacists are important members of the health care team, and the trust patients have in their pharmacist is important in addressing health disparities for our nation's vulnerable

minority populations. This is an invaluable asset that should be emphasized under all CMS programs.

- **Reimbursing Pharmacists under Part B for Providing Equivalent Services to All Other Health Care Providers:** CMS has recognized that medication management services provided by pharmacists' services incident to physicians and other qualified health care professionals (QHPs) is covered under Medicare Part B. This is intended to encourage team-based care during the COVID-19 public health emergency and increase access to individuals with substance/opioid use disorder. However, regulations limit physicians' and other QHPs' ability to utilize auxiliary personnel, including pharmacists, to a short 7-minute visit. Pharmacists typically spend 15-60 minutes per patient visit depending on patient complexity and whether visits are initial encounters or follow-ups. CMS should work with physicians, other QHPs, and pharmacists to develop coding and other mechanisms to attribute, report, and sustain pharmacists' medication management and other services to beneficiaries in the Medicare Part B program. In the alternative, CMS should accept newly developed codes that are more specific and commensurate to the time spent by pharmacists on medication management services.

- **Support the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 2759/S.1362**): This legislation will expand medically underserved Medicare patients' access to pharmacist services consistent with states' scope of practice laws. The legislation would help achieve meaningful HHS goals such as increased patient access to care, improved health care quality, and decreased costs for taxpayers and patients. This legislation appropriately recognizes the important role that pharmacists play on the health care team. It would ensure safe and appropriate medication selections are made for patients, address barriers to optimal medication use, and help manage patients' chronic diseases. Pharmacists are well-equipped to provide these services based on their extensive professional education and currently authorized to do so under state law.

- **Address Retroactive Direct and Indirect Remuneration (DIR) Fees:** Retroactive pharmacy DIR fees are recouped from pharmacies weeks or even months after a medication has been dispensed and the patient has left the pharmacy, often forcing pharmacies to dispense medications below acquisition cost. The fees also result in higher out-of-pocket cost-sharing (prescription copay) for beneficiaries based on their Medicare Part D deductible rather than the retroactive, lower adjusted price. According to CMS's recent budget request, DIR fees shot up more than 91,500 percent between 2010 and 2019. CMS issued a proposed rule on pharmacy price concessions (83 Fed. Reg. 62,152 (Nov. 30, 2018)), which would eliminate retroactive pharmacy DIR fees by amending the definition of "negotiated price" to include all pharmacy price concessions, but this was not finalized. This would require plan sponsors to reflect the lowest possible reimbursement that a network pharmacy could receive from a Part D sponsor for a covered Part D drug. Prescription drug reimbursement model changes represent an opportunity for HHS to address a post retroactive DIR fee world.

Our members are on the front lines of the COVID-19 response and have been a lifeline for patients seeking testing, immunizations, and medications. Their voice and expertise should be included in CMS's decision-making. We respectfully request the opportunity to meet with you to discuss the critical role pharmacists and pharmacy technicians play in meeting our shared

public health goals. Please contact, Michael Baxter, Senior Director for Regulatory Policy, American Pharmacists Association, at mbaxter@aphanet.org, to arrange a meeting with our organizations.

Again, on behalf of the undersigned organizations, congratulations on your appointment as CMS Administrator. As your partners in public health, we look forward to working with you to strengthen our healthcare system and improve patient quality and outcomes.

Sincerely,

Accreditation Council for Pharmacy Education
American Association of Colleges of Pharmacy
American College of Apothecaries
American Pharmacists Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
College of Psychiatric and Neurologic Pharmacists
Hematology/Oncology Pharmacy Association
National Alliance of State Pharmacy Associations
National Association of Specialty Pharmacy
National Community Pharmacists Association
National Pharmaceutical Association
Society of Infectious Diseases Pharmacists