Millions of Americans lack access to primary care services.

Pharmacists can help fill the gap.
Our goal for your visits with your members of Congress is to build support for the Pharmacy and Medically Underserved Areas Enhancement Act, H.R. 592 in the House and S. 314 in the Senate. These bills were just introduced last week, so you are one of the first groups to lobby Congress about provider status this year.

**House of Representatives**

H.R. 592 was introduced by Reps. Brett Guthrie (R-KY), G.K. Butterfield (D-NC), Todd Young (R-IN), and Ron Kind (D-WI).

*If you are visiting their offices,*

- Say “Thank you!”
- Talk about your curriculum and training and the specific ways that pharmacists increase patient access to healthcare, improve outcomes, and reduce costs.

**All other offices:**

- Ask your representative to cosponsor H.R. 592.
- Use the leave-behind to describe what the bill covers.
- Be sure to mention:
  - The same bill (H.R. 4190) had bipartisan support in the last Congress.
  - The bill is supported by a coalition of pharmacy groups, the Patient Access to Pharmacists’ Care Coalition (PAPCC).
- Talk about your curriculum and training and the specific ways that pharmacists increase patient access to healthcare, improve outcomes, and reduce costs.

**Senate**

S. 314 was introduced by Senators Charles Grassley (R-IA), Mark Kirk (R-IL), Sherrod Brown (D-OH), and Robert Casey (D-PA).

*If you are visiting their offices,*

- Say “Thank you!”
- Talk about your curriculum and training and the specific ways that pharmacists increase patient access to healthcare, improve outcomes, and reduce costs.

**All other offices:**

- Ask your senator to cosponsor S. 314.
- Use the leave-behind to describe what the bill covers.
- Be sure to mention:
  - The House version of the same bill (H.R. 4190) had bipartisan support in the last Congress.
  - The bill is supported by a coalition of pharmacy groups, the Patient Access to Pharmacists’ Care Coalition (PAPCC).
- Talk about your curriculum and training and the specific ways that pharmacists increase patient access to healthcare, improve outcomes, and reduce costs.
Q: What will this cost Medicare?

A: We believe that pharmacist-provided patient care will lead to better health outcomes and in many cases reduce costs (transitions of care is a good example).

Q: Where are the doctors/physician groups?

A: No physician groups opposed H.R. 4190. We don’t anticipate a turf war, because the bill only allows pharmacists to do what state law already allows them to do and does not expand pharmacists’ scope of practice. In the last Congress, two physicians, Reps. Roe (R-TN) and Bera (D-CA), were cosponsors of the legislation.

Q: Are pharmacists qualified to “handle” patients?

A: Yes! Pharmacists who practice in hospitals, clinics, and other ambulatory care settings provide a wide range of healthcare services, including coordinating transitions of care, modifying drug therapy regimens, improving medication adherence, and performing health screenings.

This is your opportunity to describe how your training prepares you to take on these roles.

Q: Is this collaborative?

A: Yes, full accountable care organization, medical home, or other integrated efforts can only be achieved with provider status—all roads lead back to pharmacists being listed as providers.

Q: Why do pharmacists want provider status when fee-for-service is going away?

A: Pharmacists recognize that the traditional fee-for-service is not the model of the future. We view ourselves as members of interprofessional teams collaborating with physicians, nurses, and others throughout the continuum of care.

However, the Social Security Act remains the reference point for which practitioners are eligible to participate in current, new, and emerging delivery systems and payment models.

For pharmacists to fully participate in current and emerging delivery and payment systems, pharmacists need to be listed in the Social Security Act along with other providers.
During Your Meetings

► **Designate a “team leader”** to be the primary spokesperson for your group and to ensure that the meeting runs smoothly.

► **Be prompt and patient.** It is not uncommon for a member of Congress to be late, or to have a meeting interrupted, due to a busy schedule. If interruptions do occur, be flexible.

► **Allow time for introductions.** At the start of your meeting, be sure to:
  - Offer your business card.
  - Thank the member of Congress or the staffer for taking time to meet with the group.
  - Remind them that you are representing ASHP and the members in your state.
  - Let each attendee introduce themselves and their school of pharmacy.

► **Talk about your training.** Each member of the group should offer examples about their training and the preparation it provides. If you can share examples from your rotations about the impact of pharmacists on patient outcomes, as well as impediments they face in providing care.

► **Use the “leave-behind” brochure.** The materials include key points that you should share during your meetings.

► **Keep the tone of the meeting positive.** You may encounter some legislators or staffers who disagree with your views. Do not argue with them. Remember that your number-one concern is patient care. Topics to avoid:
  - If you either have or intend to contribute to the legislator’s campaign fund; or
  - Disparaging remarks about political affiliations.

► **Offer to serve as a resource on health-related issues.** Consider inviting your members of Congress to your school. This is an excellent opportunity to further educate them about the preparation pharmacists receive for their patient care roles.

After Your Meeting

► **Complete the Legislative Visit Appointment and Feedback Sheet.** This form helps ASHP staff during our follow up with congressional offices.

► **Let ASHP staff know about any additional information requested by a congressional office.** Be sure to follow up with the Hill office as soon as you return home.

► **Send a thank-you letter** that reiterates the points discussed during your meeting. Send a copy to ASHP.

Have fun!
Allow 20 to 30 minutes to get from the House to the Senate buildings. To get from one House building to another (or between Senate buildings), 10-15 minutes is sufficient.

**To return to the Hyatt Place:**

**From Union Station:** Take a train toward Silver Spring/Glenmont one stop to NoMa-Gallaudet U. Turn left on 2nd St NE (becomes N St NE). In about 2 blocks, the hotel will be on your right.

**From Capitol South:** Take an Orange or Blue line train towards Vienna Fairfax-GMU or Franconia-Springfield five stops to Metro Center. Go upstairs to transfer to the Red line toward Silver Spring/Glenmont. Turn left on 2nd St NE (becomes N St NE). In about 2 blocks, the hotel will be on your right.
Pharmacists Can Fill the Gap in Health Care

Millions of Americans lack adequate access to primary healthcare services at the same time that an unprecedented shortage of physicians looms over our healthcare system.

The American Academy of Medical Colleges (AAMC) predicts there will be a shortage of 91,500 physicians by 2020

AAMC Center for Workforce Studies, June 2010.

Pharmacists are our nation's most trusted and accessible healthcare professionals, but a barrier prevents them from playing a greater role in patient care.

Pharmacists are not recognized as healthcare providers and therefore are not eligible for payment under Medicare Part B. This unnecessarily limits patients' access to healthcare services and the valuable contributions that pharmacists can bring to ambulatory clinics, accountable care organizations, patient-centered medical homes, and other team-based healthcare delivery and payment system innovations.

“Medicare and Medicaid compensation policies also limit pharmacists' ability to practice, particularly within integrated care teams. For example, under Medicare Part B, pharmacists are not included in the statutory definition of providers and, therefore, cannot directly bill for patient care services.”

—National Governors Association

Enabling pharmacists to practice to the full extent of their education and training will improve health outcomes and greatly benefit specific populations, especially those with chronic diseases such as diabetes and cardiovascular disease.

Pharmacists who practice in hospitals, clinics, and other ambulatory care settings provide a wide range of healthcare services. Here’s what pharmacists can do:

- **Transitions of Care:** Pharmacists in hospitals use their expertise to reconcile discrepancies in medication therapy, educate patients on appropriate medication use prior to discharge from the hospital, and follow up with patients to ensure medication adherence.

- **Maintaining Patients’ Care:** Pharmacists in many healthcare systems manage anticoagulation clinics where they adjust the dosage of these important anticlotting medications after a patient is discharged from the hospital.

- **Providing Preventative Care:** Pharmacists practicing in hospital-based clinics provide immunizations, including flu, pneumococcal, or herpes zoster.

- **Improving Medication Adherence:** Pharmacists who are part of accountable care organizations (ACOs) work with physicians and other members of the health care team to improve a patient’s medication adherence. Medication nonadherence is a significant cause of readmissions to hospitals and emergency room visits.

- **Modifying Drug Therapy Regimens:** Collaborative drug therapy agreements allow pharmacists in clinics to start a patient on a medication or adjust the dose of a medication that was prescribed by a physician. Forty-five states permit some form of collaborative practice.

- **Performing Health Care Screenings:** Pharmacists in ambulatory clinics screen patients for high blood pressure, diabetes, or high cholesterol, and refer them to a physician for further assessment or treatment. Pharmacists provide patients with both tobacco-use screening and cessation counseling as well as obesity screening and counseling.
The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 314) introduced by Reps. Guthrie, Butterfield, Young, and Kind and Sens. Grassley, Kirk, Brown, and Casey, provides a solution by amending section 1861(s)(2) of the Social Security Act to allow pharmacists to bill Medicare for services to patients in medically underserved communities.

THE LEGISLATION:

- Increases access and improves quality by enabling pharmacists to provide patient care services as consistent with their education, training, and license;

- Focuses on care for patients who are otherwise medically underserved; and

- Promotes cost effective healthcare by increasing opportunities for early interventions.

Specifically, the legislation focuses on care for underserved beneficiaries in medically underserved areas, medically underserved populations and health professional shortage areas, as designated by the Health Resources and Services Administration. As the shortage of primary care physicians increases, so too will the challenges that patients in underserved communities face, especially those related to access to care. This legislation can help address provider shortages and access issues in underserved areas.

The federal legislation would not expand the types of services that pharmacists are permitted to provide. Eligible services would continue to be governed by state laws just as they are for other health professions.

For More Information: Please contact Joseph Hill at jhill@ashp.org or (301) 664-8692

About ASHP

ASHP is the national professional organization whose more than 40,000 members include pharmacists, student pharmacists, and pharmacy technicians who serve as patient care providers on healthcare teams in acute and ambulatory settings. For over 70 years, ASHP has been on the forefront of efforts to improve medication use and advance healthcare. For more information visit ASHP’s website, ashp.org, or its consumer website, safemedication.com

ASHP is an active member of the Patient Access to Pharmacists’ Care Coalition, a group of more than 25 organizations representing patients, pharmacists, and pharmacies, as well as other interested stakeholders, which is leading efforts to garner support for H.R. 592 and S. 314.