



March 26, 2024

The Honorable Jason Smith
Chair
U.S. House of Representatives
Ways and Means Committee
1011 Longworth House Office Building
Washington DC, 20515

The Honorable Richard Neal
Ranking Member
U.S. House of Representatives
Ways and Means Committee
372 Cannon House Office Building
Washington DC, 20515

Dear Chair Smith, Ranking Member Neal, and Members of the House Ways & Means Committee, APhA appreciates the opportunity to submit the following statement for the record for the House Ways and Means Committee, "Hearing on Enhancing Access to Care at Home in Rural and Underserved Communities."

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists and pharmacy personnel in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

APhA applauds you for conducting this very important hearing to address ways to enhance access to care in rural and underserved communities. This is especially critical now that the need for health care providers has increased across the country, while the availability of trained providers has simultaneously decreased, creating health care disparities. Pharmacists have been at the forefront of this issue by offering patients the ability to access a highly trained health care provider, especially in rural and underserved areas.

This was especially evident during the COVID-19 public health emergency (PHE) when pharmacists demonstrated the ability to significantly expand access and equity to health care. The pandemic has demonstrated how essential and accessible pharmacists are in the United States. While many communities across the country do not have access to a primary care provider, more than 90% of Americans live within 5 miles of a pharmacist. A strong [body of evidence](#) has shown that including pharmacists on interprofessional patient care teams with physicians, nurses, and other health care providers produces better health outcomes and cost savings. As a result, lifting barriers to access is essential as we continue to look for ways to improve patient access to critical health care services.

During the pandemic, pharmacists and pharmacies were able to test, treat, and immunize patients for conditions ranging from COVID-19 to the flu. The flexibilities offered by the federal government made access to health care easier for pharmacists to provide care to patients during the PHE. The problem is many of these flexibilities and authorities are not permanent and further action is needed to preserve access to pharmacist-provided services. We ask for the Committee to pass legislation removing any barriers that would prevent patients from receiving, and pharmacists from providing, these essential patient-care services as part of the health care team.

To illustrate this urgency, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra recently lengthened the PREP Act authority for pharmacists and pharmacy technicians to administer COVID-19 vaccines and tests, along with flu vaccines until December 2024. Without this extension, that authority would have expired on May 11, 2023 when the COVID-19 health emergency officially ended and these federal authorities are still set to expire again in December.

The extension of authority and the Secretary's [recognition](#) of pharmacist services was a critical step, however, with the federal government's clear reliance on pharmacists as a vital part of our nation's public health infrastructure, more must be done to preserve patients' access to care.

In addition, HHS also recognized the value of bringing vaccinations to communities that lack health care providers and provided additional reimbursement for pharmacists and other practitioners during the PHE to bring certain Part B vaccines (COVID-19, Flu, Hepatitis B, Pneumococcal) to patients in their homes. HHS and the Centers for Medicare and Medicaid Services (CMS) have [continued](#) this practice for 2024. APhA strongly recommends the Committee pursue legislation to make this very successful public health measure permanent and apply it to all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines. [Studies](#) definitively show that vaccination is one of the most cost-effective interventions that contribute to health care system efficiency.

One step the Committee can take immediately is enacting H.R. 1770 the Equitable Community Access to Pharmacists Services Act (ECAPS), led by Representatives Adrian Smith (R-NE) and Brad Schneider (D-IL). and many others on this Committee. along with 110 bipartisan cosponsors. This legislation would provide for Medicare Part B coverage for pharmacists' services for common respiratory conditions, including the testing of COVID-19, flu, RSV, and strep; treatment of COVID-19, flu, RSV, and strep; and the vaccination of COVID-19, flu, and Hepatitis B – which, if passed into law, will allow seniors to receive health care closer to home and save billions of dollars in avoidable hospitalizations and millions of lives.

We know from the data that [public health interventions](#) by pharmacists and teammates averted >1 million deaths, >8 million hospitalizations, and saved over \$450 billion in health care costs. Patients have come to expect that they can access these vital health

care services at their local pharmacy, particularly [in underserved communities](#), where the neighborhood pharmacy may be the only health care provider for miles.

Despite the fact that many states and Medicaid programs are turning to pharmacists to increase access to health care, Medicare Part B does not cover many of the vital patient care services pharmacists are trained to provide. As proven during the pandemic, pharmacists are an underutilized and accessible health care resource who can positively affect beneficiaries' care and the entire Medicare program.

H.R. 1770 would enable Medicare patients to better access health care through state-licensed pharmacists practicing according to their own state's scope of practice. Helping patients receive the care they need, when they need it, is a common sense and bipartisan solution that will improve outcomes and reduce overall costs.

As you look for ways to increase patient access to health care in rural areas, we urge you to pass H.R. 1770. Thank you for the opportunity to comment on this hearing and express our concerns to the Committee. We would once again like to commend you for your leadership on these issues and would be happy to assist in any manner we can. Please contact Doug Huynh, JD, APhA Director of Congressional Affairs, at dhuyh@aphanet.org if you have any additional questions.

Sincerely,

A handwritten signature in black ink that reads "Michael Baxter". The script is cursive and fluid, with the first name "Michael" and last name "Baxter" clearly legible.

Michael Baxter
Vice President, Federal and State Legislative Affairs