



September 1, 2023

The Honorable Bernie Sanders  
Chair  
U.S. Senate Committee on Health,  
Education, Labor and Pensions  
428 Senate Dirksen Office Building  
Washington, D.C. 205010

The Honorable Bill Cassidy, MD  
Ranking Member  
U.S. Senate Committee on Health,  
Education, Labor and Pensions  
428 Dirksen Office Building  
Washington, DC 20510

**RE: Pharmacist Support for Sec. 509 Palliative Care and Hospice Education and Training Act and Palliative Care and Hospice Career Incentive Awards Included in the Primary Care and Health Workforce Expansion Act**

Dear Chair Sanders and Ranking Member Cassidy, MD:

The American Pharmacists Association ([APhA](#)), the American Association of Colleges of Pharmacy ([AACCP](#)), the National Pharmaceutical Association ([NPhA](#)) and the American Society of Consultant Pharmacists ([ASCP](#)) write to offer our strong support for provisions included in the [Primary Care and Health Workforce Expansion Act](#), from the bipartisan legislation, S. 2243, [Palliative Care and Hospice Education and Training Act \(PCHETA\)](#), introduced by Senators Tammy Balwin (D-WI) and Shelley Moore Capito (R-WV) that would support the education and training of pharmacists and other healthcare professionals in team-based palliative care. PCHETA is [supported](#) by over 50 national organizations and 25 state organizations, including the Society of Pain & Palliative Care Pharmacists ([SPPCP](#)).

APhA collaborates with AACCP to provide leadership in advancing and enhancing the quality of education and training to its member institutions. AACCP comprises institutional members, which include 142 schools and colleges of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE), and individual members, which include administrators, faculty, and staff. AACCP represents over 6,400 faculty, 62,500 students enrolled in professional programs, and 5,100 individuals pursuing graduate study.

AACP has established Practice and Research Networks ([PRNs](#)) to connect focused groups of clinical pharmacists to enhance professional support and collaboration. The Pain and Palliative Care Practice and Research Network (PPC PRN) is comprised primarily of clinical pharmacy specialists, researchers, educators, students, residents, and fellows with a mission to advance pain and palliative care-related

pharmacy practice, advocacy, education, and treatment including safe and effective opioid use. APhA's Pain, Palliative Care and Addiction Special Interest Group ([SIG](#)) partners with AACP's PRNs to collaborate, educate, and empower other health care professionals to provide medication therapy management for all patients with both acute and chronic pain including, but not limited to, patients who are terminally ill.

Given that [Black patients receive more aggressive and non-beneficial medical care at the end of life](#), APhA partners with NPhA to ensure holistic views are represented within our profession settings. NPhA is dedicated to representing the views and ideals of minority pharmacists on critical issues affecting healthcare and pharmacy, promoting racial and health equity, as well as advancing the standards of pharmaceutical care among all practitioners. A [cohort study](#) found that despite the increase in the use of hospice care among patients in the United States in recent decades, racial disparities in hospice care continue to exist.

### **Current Pharmacy Practices**

Pharmacists and student pharmacists are [responsible](#) to care for individuals with all types of acute and chronic pain and for patients with life-limiting illnesses who have pain and other symptoms. Palliative care can be considered a philosophy of care. The focus of palliative care is on symptom management and [improving one's quality of life](#). Hospice care is a defined insurance benefit, providing care for those with 6 months or less to live. The patient must have a terminal illness with a prognosis of 6 months or less.

As it pertains to hospice and palliative care (HPC), pharmacists are capable of [leading systemic medication reviews and drug therapy adjustments to optimize medication regimens](#). The pharmacy profession provides unique knowledge about the safe and effective use of medications. Such examples include averting adverse events resulting from inappropriate medication utilization and employing pharmacist-led deprescribing. Pharmacists provide consultation services with hospice agencies on medication and formulary recommendations, which involves reviewing patient charts and making recommendations on behalf of the Interdisciplinary Team Meetings (IDT) teams. In certain hospice care settings, pharmacists are given access to electronic medical records and provide hospice care under a Collaborative Drug Therapy Agreement (CDTA). Under the CDTA, pharmacists are permitted to prescribe controlled substances and consult with hospice nurses and physicians. Pharmacy personnel also work across disciplines through participation in Hospice IDTs.

Other examples of the role pharmacists play in practice currently according to APhA members include, developing a safe and effective anti-emetic and pain regimen for a patient with cancer that also has worsening cirrhosis. Members have designed medication regimens to account for deteriorating renal function and performed counseling sessions that inform patients of their new pain management regimens as they transition into comfort care.

### **Pharmacists' Education and Integration in Palliative Care**

Under the guidance and education provided by [AACP](#), pharmacists and future pharmacists are trained to understand that [palliative care requires an interdisciplinary approach](#). There have been accredited postgraduate year two specialty residency programs for pharmacists in pain management/palliative care since 2008. These programs have increased to over 31 in 2023, which is a [1,450% increase](#). There are an estimated 10,000 to 12,000 pain management pharmacist specialists in the United States.

However, according to the National Palliative Care Registry, only thirty-six adult palliative care programs reported having a pharmacist as part of their interdisciplinary team in 2018, representing only 8.6% of reporting programs; and only four pediatric palliative care programs reported including a pharmacist, representing 7.4% of reporting pediatric programs. The provisions in Sec. 509 from PCHETA are vital to expanding pharmacist education, training, awareness of the public and other healthcare professionals of pharmacists' roles in providing hospice and palliative care services. As explained above, the pharmacy profession is well-positioned to advance palliative care programs, bolster workforce efforts, and improve patient care and pain-related health outcomes.

A [retrospective cohort study](#) evaluated 100 patients seen by a pharmacy pain team in an academic medical center for acute, chronic, and/or acute or chronic pain complaints to assess the impact of a pharmacy pain management service on pain-related outcomes in an adult population. The clinical pharmacists made 821 interventions. Patients displayed a significant reduction in pre- and post-consult pain intensity scores on a 0 to 10 numerical rating scale. The integration of pharmacists into the management of patient-controlled analgesia therapy provided prompt, patient-specific dosing regimens, aggressive reevaluation of patient response to treatment, and reduced risk of opioid-induced adverse effects. The service recognized and addressed reasons for inadequate analgesia and promptly managed patients experiencing adverse effects. Pharmacists can also assist in transitioning intravenous to oral pain management therapy, providing guidance to an appropriate oral dose conversion, and potentially [advancing discharge readiness](#). With the integration of pharmacists in palliative care teams, patients can see an improvement in both their inpatient and outpatient pain management.

### **Pharmacists in Practice**

As mentioned above, pharmacists are an integral part of the hospice care team and consult with the hospice agencies on medication, formulary recommendations and other information as needed. Pharmacists often attend weekly review rounds, receive calls and patient changes with care teams and provide drug therapy in-service training to nurses as part of IDT teams at hospitals and health systems. For example, one pharmacy in a metropolitan area provides hospice medications to 7 state agencies and roughly 400 patients on any given day. All pharmacists are Drug Enforcement Administration (DEA) registrants and will prescribe schedule 2 – 5 medications pursuant to CDTAs daily and consult with hospice nurses or physicians. The pharmacist understands the costs and plays an integral role in helping the team manage patients on the best therapies that work for both the hospice administration and the patient.

### **Conclusion**

With an annual \$20 million investment in the Primary Care and Health Workforce Expansion Act to further integrate pharmacists into team-based palliative care, the pharmacy profession will increase the awareness and availability of these benefits of these services for our patients and build upon existing [tools](#) to improve the delivery of palliative care.

We look forward to continuing to work with you and the HELP committee to pass these provisions to begin to address the nation's workforce crisis where millions of Americans are unable to get the health care they need. To truly address the workforce shortage, APhA also urges Congress to pass [S.2447, the Equitable Community Access to Pharmacist Services Act](#), introduced by Senators Mark Warner (D-VA) and John Thue (R-SD), to encourage pharmacists to stay in the profession and for pharmacy doors to stay open for our most vulnerable patients. Thank you, again, for your continued leadership to invest in our

nation's workforce to adequately treat patients and improve the quality of life for the [more than 40 million adults](#) facing serious illness.

Sincerely,

Michael Baxter, MA  
Vice President, Federal Government Affairs  
APhA

Dalita Collins, JD  
Associate Director, Public Policy and Strategic Engagement  
AAPC

Frank North, Pharm.D., M.P.A., DPLA, DASPL, R.Ph.  
President  
NPhA

Chad Worz, Pharm.D., BCGP, FASCP  
Chief Executive Officer  
ASCP

cc: The Honorable Tammy Baldwin  
The Honorable Shelley Moore Capito  
Members of the Senate HELP Committee