



March 20, 2023

The Honorable Bernie Sanders  
Chair  
U.S. Senate Committee on Health,  
Education, Labor and Pensions (HELP)

The Honorable Bill Cassidy, M.D.  
Ranking Member  
U.S Senate Committee on Health,  
Education, Labor and Pensions

Re: [Request for Information](#) (RFI) to identify bipartisan solutions to remedy our nation's health care workforce shortages and develop these ideas into legislation

Dear Chair Sanders and Ranking Member Cassidy:

The American Pharmacists Association (APhA) is pleased to submit comments on the HELP Committee's [recent RFI](#) "to remedy our nation's health care workforce shortages and develop these ideas into legislation."

APhA is the largest association of pharmacists in the United States representing the entire pharmacy profession. APhA represents pharmacists 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.

APhA appreciates the opportunity to provide comments on the root causes of the current health care workforce shortage and potential ways to address it. We are pleased the Committee is considering the input you receive to identify bipartisan solutions that can be included in future legislation.

As mentioned in APhA's [Statement for the Record](#) submitted for the Committee's recent February 16, 2023 hearing "Examining Health Care Workforce Shortages: Where Do We Go From Here?," there is a [shortage of pharmacists](#) willing to work in the current conditions, which are unsafe for them, their teams, and their patients. Support of pharmacists and pharmacy personnel is needed from employers, insurers, lawmakers, and the public to ensure resource availability, address patient safety concerns, meet patient health care needs and expectations, and reduce stress and increase satisfaction of pharmacy personnel both now and in the future. As nearly [90% of the U.S. population](#) lives within 5 miles of a community pharmacy, pharmacists are poised to support gaps in access to patient care services.

There are more than 300,000 pharmacists in the U.S., many of whom are [underutilized](#) in their capacity to contribute to addressing unmet health care needs. Pharmacists currently receive doctoral-level education and/ or practice experience and training, with some pharmacists furthering their training to become specialists with residencies and board certification. Pharmacists' participation on "patient care teams" has been shown to reduce adverse drug events and improve outcomes for patients with chronic diseases. Given pharmacists' ability to reduce the [possible \\$528 billion spent annually on medication-related issues](#), pharmacists are critical to bending the cost curve by encouraging the delivery of high-quality, low-cost care. In order to leverage pharmacists to their full potential as a part of an interprofessional and collaborative health care team, there is a need to align their scope of practice with their education and training and cover pharmacists' services under the medical services side of Medicare Part B.

### **Pass Legislation to Recognize Pharmacists as Health Care Providers**

Amid the challenges of provider shortages and an overburdened health care system, pharmacists have proven they play a vital role to strengthen our nation's public health, respond to current and future threats, and meet patients where they are no matter the circumstances. The pandemic reinforced how essential pharmacists are to our nation's public health response. Time and again, pharmacists stepped up to provide first-line care, respond to a rapidly changing public health environment, and protect vulnerable communities from COVID-19. Pharmacists have [administered](#) over 300 million doses of COVID-19 vaccine, administered over 42 million COVID-19 tests, and continuously mobilized to reach and care for vulnerable senior communities, rural Americans, and those in medically underserved areas.

Unfortunately, pharmacists continue to operate under a fragile foundation of temporary authorities that were put in place in response to the COVID-19 pandemic. The end of the Public Health Emergency (PHE) for COVID-19 and uncertainty surrounding the future of the Public Readiness and Emergency Preparedness (PREP) Act threatens patient access to pharmacist care for millions of America's seniors.

Congress must act swiftly to protect the front-line role pharmacists play to deliver essential care and services to America's seniors to protect vulnerable patient communities, strengthen our nation's public health response, and better prepare for future infectious disease threats.

**Congress must enact legislation, such as H.R. 7213, the Equitable Community Access to Pharmacist Services Act, which will be re-introduced shortly, to provide payment for essential pharmacist services under Medicare Part B to address health care worker shortages**

**and encourage pharmacists to stay in the profession and pharmacy doors to stay open. APhA encourages the Committee to include this year’s version of H.R. 7213 in your legislative package to address health workforce shortages.**

### **Fund Community-based Pharmacist Residency/Scholarship Programs**

In December 2020, bipartisan congressional leaders took a step to address the health care provider shortage by adding 1,000 new Medicare-supported graduate medical education (GME) positions—200 per year for 5 years—targeted at priority communities including rural, urban, and teaching hospitals nationwide. A similar effort should be undertaken by Congress to federally fund residency programs across the country focused on pharmacists who are from the communities that need health care providers the most. We already know there are many [“pharmacy deserts” in minority and underserved communities](#), where the neighborhood pharmacy may be the only health care provider for miles. **Accordingly, APhA urges the Committee’s legislative package include federal funding for outpatient/community-based pharmacist residency slots and/or scholarships for minority health student pharmacists in return for work in areas identified by the Centers for Disease Control and Prevention’s (CDC) [Minority Health Social Vulnerability Index \(SVI\)](#).**

### **Fund Research to Address Root Causes**

A root cause, or symptom, of pharmacists not having the time they would like to spend with patients providing care is that staffing, coverage/overlap, and daily operating hours in many pharmacy locations continue to be decreased due to payment model issues. A lack of appropriate and equitable reimbursement for services, misaligned incentives, and harmful [pharmacy benefit manager \(PBM\) business](#) practices have negatively impacted pharmacy staffing and coverage models. These decreases in coverage and daily operating hours increase the pressures felt by pharmacists and pharmacy personnel to meet unrealistic quotas and metrics while still delivering the high-quality of care patients and providers have come to expect and deserve.

Pharmacists and pharmacy personnel are fearful of speaking up about workplace conditions due to retaliation from employers and/or perceived unwillingness of employers to listen. The profession responded and pharmacy personnel are now using surveys fielded by state boards of pharmacy and pharmacy associations, in addition to the [Pharmacy Workplace and Well-being Reporting \(PWWR\) tool](#) as ways to anonymously report what is happening in pharmacy practice. Categories for negative experience submissions to PWWR focus primarily on working conditions, staffing/scheduling, pharmacy metrics, and volume/workload expectation mismatched to hours available; a vast majority are indicated as recurring problems.



One step the Committee and Congress could take is directing the Department of Health and Human Services (HHS) to ensure grants under the [Dr. Lorna Breen Health Care Provider Protection Act](#) (PL 117-105) to support the training of health care students, residents, or health care professionals in evidence-based or evidence-informed strategies to improve mental health and resiliency among health care professionals include and address our nation's pharmacy workforce.

We also need further research supporting our State Boards of Pharmacy to address the root causes afflicting the pharmacist workforce to critically examine workplace factors and determine how they affect pharmacy personnel well-being and patient safety. **To begin to address these many issues, APhA strongly urges the Committee include federal grant funding in your legislative package with a focus on partnering with State Boards of Pharmacy to research these root causes to enhance and safeguard the pharmacy workplace, pharmacists and pharmacy teams.**

Thank you for the opportunity to provide comments. We look forward to working with you on legislative solutions to maximize the use of our nation's pharmacists to address the gaps in our health care workforce. If you have any questions or require additional information, please contact APhA's Director of Congressional Affairs, Doug Huynh, JD at [dhuyh@aphanet.org](mailto:dhuyh@aphanet.org).

Sincerely,

*Michael Baxter*

Michael Baxter  
Acting Head of Government Affairs