Washington D.C. Pharmacy Association

American Pharmacists Association
For Every Pharmacist. For All of Pharmacy.

March 8, 2024

[submitted electronically via: mhuff@dccouncil.gov]

Marcia Huff
Senior Policy Advisor
Committee on Health
Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Dear Ms. Huff:

The Washington DC Pharmacy Association (WDCPhA) and American Pharmacists Association (APhA) would like to thank the Council of the District of Columbia for considering including 'Provider Status for DC Pharmacists' legislation in the Health Occupations Revision General Amendment Act of 2023 (HORA). Per your office's request, we are happy to provide an overview of programs currently paying pharmacists for their patient care services under the medical benefit.

Programs paying pharmacists for their patient care services are widespread across the country. Pharmacists are recognized as providers in a majority of states, and an ever-growing number of states payment pathways for pharmacist services are being created under Medicaid and commercial insurance programs.

Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also properly aligns the current role of the pharmacist, with their extensive education and training, to practice at the top of their license. It is important to highlight that these services are within the pharmacists' scope of practice and are already being provided by many pharmacists in DC. However, without a reimbursement process supporting these services, patients face barriers to receiving needed care. By removing these barriers, 'Provider Status for DC Pharmacists' will increase the provision of healthcare to Washingtonians, which has been proven in other states to translate to cost savings for health plans and enrollees.

Substantial published literature clearly documents the proven and significant improvement to patient outcomes[1] and reduction in health care expenditures[2] when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in DC is aligned with the growing trend of similar programs in

[1] Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

[2] Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927

other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, we are observing health plans recognizing the value of the pharmacist and investing in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.[3]

Under Medicaid and commercial health plans, the general trend of programs in other states allows pharmacists to render and be reimbursed for services provided to both Medicaid fee-for-service and managed care beneficiaries. Services are being reimbursed under the medical benefit using Healthcare Common Procedure Coding System (HCPCS) Level I and Level II codes similar to those used by other health care professionals (physicians, advanced practice registered nurses, physician assistants, etc.) providing outpatient services, in settings such as pharmacies, offices, homes, walk-in retail health clinics, federally qualified health centers, rural health clinics, skilled nursing facilities, assisted living facilities, or other places of service.

The scope of reimbursable services varies from state-to-state. Services include, but are not limited to, acute disease state management, chronic disease state management, diabetes self-management training services, hormonal contraceptive services, medication management services, services related to dispensing and education on opioid antagonists, test and treat for acute ailment services (influenza, Group A Streptococcus Pharyngitis, COVID-19, etc.), tobacco cessation services, transitions of care services, and travel medication services.

As an example, the Nevada Department of Health and Human Services Division of Health Care Financing and Policy, in drafting rules for the implementation of Senate Bill 190[4] and Senate Bill 325[5] has allowed pharmacists to enroll as providers and bill many codes, including, but not limited to 99203-99205 and 99212-99215.[6]

Given the unique patient population and barriers to care due to the primary health care worker shortage[7] in DC (Only 33.08% of primary care needs are met), we strongly believe considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists as the medication experts. As the most accessible healthcare professionals, pharmacists are vital providers of care, especially for those living in underserved and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall healthcare expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to the District's recognition of many other health care providers.

The creation of programs that allow for the direct reimbursement of services provided by pharmacists through the passage of 'Provider Status for DC Pharmacists' legislation opens additional opportunities for

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[3] CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/

[4] Nevada Senate Bill 190. Available at https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB190_EN.pdf

[5] Nevada Senate Bill 325. Available at https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB325_EN.pdf

[6] https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT91.pdf

[7] First Quarter of Fiscal Year 2024 Designated HPSA Quarterly Summary. Designated Health Professional Shortage Areas Statistics. Bureau of Health Workforce Health Resources and Services Administration (HRSA) U.S. Department of Health & Human Services. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport.

these pharmacists to maintain their practice and provide valuable health care services that are necessary for many DC communities. It is also important to note these programs are not expected to raise costs for health plans, as published literature has shown pharmacist-provided care results in cost savings and healthier patients.[8,9] This strong return on investment supports why many other states that have established comparable programs. For example, Oregon, identified in their fiscal legislative analysis that the creation of a similar program would have "minimal expenditure impact on state or local government."[10]

We appreciate the opportunity to share an overview of the prevalence of programs paying pharmacists for their services. We welcome and encourage you and Councilmembers to meet with us to discuss these issues as the Council considers including 'Provider Status for DC Pharmacists' legislation in HORA. If you have any questions or require additional information, please contact Carolyn Rachel-Price, RPh, WDCPhA Executive Director by email at wdcpha@gmail.com and E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

Carolyn Rachel-Price, RPh,
Executive Director
Washington DC Pharmacy Association

Michael Baxter, MA
Vice President, Federal and State Legislative Affairs
American Pharmacists Association

[8] Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

[9] Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927

[10] FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866.