December 5, 2022

The Honorable Ron Kind
U.S. House of Representatives
1502 Longworth House Office Building
Washington, D.C. 20515

The Honorable David McKinley
U.S. House of Representatives
2239 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Nanette Diaz Barragán
U.S. House of Representatives
2246 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Earl "Buddy" Carter
U.S. House of Representatives
2432 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Kind, McKinley, Barragán, and Carter:

On behalf of the 354,600 physician and medical student members our organizations represent, we are writing to express our concerns with the *Equitable Community Access to Pharmacist Services Act* (H.R. 7213), which would expand Medicare coverage to permanently include select services provided by a pharmacist in limited but significant ways, and potentially lead to fragmented care and worsen the quality of patient care.

Physicians work closely with pharmacists daily, and therefore, fully appreciate the important role pharmacists play in the delivery of high-quality health care. A pharmacist's unique role ensures the safe, effective, and appropriate use of medications. However, physician-led team-based care has a proven track record of success in improving the quality of patient care, reducing costs, and allowing all health care professionals to spend more time with their patients. Additionally, a recent survey of U.S. voters showed that 95 percent said it is important for a physician to be involved in their diagnosis and treatment decisions.[i] Team-based care requires leadership, and physician expertise is widely recognized as integral to quality medical care.

We acknowledge the expanded and critical role pharmacists have played during the COVID-19 public health emergency (PHE) after receiving additional federal authority, such as the ability to administer the COVID-19 vaccines and testing. The pandemic has shown that it may be necessary and appropriate to temporarily allow some expanded responsibility during times of crisis, but this should not be seen as a universally appropriate approach to other conditions, such as strep throat and influenza. We also want to note concern for the bill language that allows pharmacists to "furnish services as determined by the HHS Secretary by program instruction or otherwise, including the closing gaps in health equity." The vague nature of the language has the potential to promote fragmented care and make inequities worse rather than improve them. Policies should instead promote diagnosis, treatment, and follow-up of a patient in their medical home and with their primary care physician, who is trained to conduct a comprehensive assessment of the patient and their medical history.

We strongly support arrangements where the pharmacist is part of an integrated, team-based approach to care, such as a patient-centered medical home (PCMH). However, we are concerned that H.R. 7213 has the potential to undermine the physician-led team-based care models that have proven to be most effective in improving quality, efficiency, and most importantly, patient health. Fragmentation of care remains one of the biggest challenges in the health care system. Granting independent diagnosis and prescription authority for pharmacists to treat the flu, COVID-19, and strep throat without access to comprehensive care, including preventive services, or coordination with a physician will only exacerbate health inequities and

disrupt the continuity of care. Physicians routinely provide mental health screenings, counseling about nutrition and injury-prevention, offer valuable anticipatory guidance, and diagnose diseases and conditions that can respond to early intervention. Pharmacists, unlike physicians, are not trained to independently perform patient examinations, diagnose, formulate a treatment plan, or prescribe medication.

There is also a lack of sufficient data and research to demonstrate that the bill's proposal to expand the scope of practice for pharmacists will not have adverse impacts on patient outcomes and safety. In the short-term, there is the risk of inaccurate diagnosis. In the long-term, increased care fragmentation and reduced utilization of comprehensive care puts patients at risk of delayed diagnosis of more serious illnesses. Pharmacists do not possess the skills, training, experience, or knowledge needed to provide comprehensive medical care, health maintenance, and preventive services for a range of medical and behavioral health issues. Many patients, especially those with chronic conditions, require follow-up care and management services that primary care physicians are appropriately trained to provide.

Furthermore, there is still limited electronic health record (EHR) collaboration between primary care and pharmacies. Pharmacists frequently lack access to a patient's full medical records and have limited training on patient history, physical exams, differential diagnoses, and testing, meaning they would be granted ability to provide medical treatment without the critical knowledge needed to make informed and appropriate decisions for each individual patient. Congress should invest in efforts to improve information sharing between pharmacists and primary care physicians and eliminate barriers to patient access to comprehensive primary care.

In addition, Congress should be investing in the PCMH and other efforts to improve collaboration and team-based care models – consistent with our Joint Principles of the Patient-Centered Medical Home. In a collaborative environment, the pharmacist is a logical member of a team. Although pharmacists should not independently diagnose, they are qualified to deal with issues of medication use, medication tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments.

It is clear that patients are best served when their care is provided by an integrated practice care team led by a physician. We are concerned that H.R. 7213 conflicts with this approach to health care delivery and could result in patients forgoing comprehensive preventive care, which could lead to worse health outcomes for patients and increased health costs. We urge Congress to focus on policies that strengthen the medical home and encourage patients to visit their primary care physician for routine care.

Thank you for your consideration of our concerns with H.R. 7213. If you have questions, please contact John Aguilar, AAFP's Manager of Legislative Affairs, at jaguilar@aafp.org.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Physicians

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[i] https://www.ama-assn.org/system/files/scope-of-practice-protect-access-physician-led-care.pdf