

July 23, 2024

The Honorable Mike Johnson
Speaker
United States House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
United States Senate
S-221, The Capitol
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
S-230, The Capitol
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
H-204, The Capitol
Washington, DC 20515

Dear Speaker Johnson, Majority Leader Schumer, Minority Leader McConnell, and Minority Leader Jeffries:

The undersigned physician organizations representing national and state medical societies write in opposition to H.R. 1770/S. 2477, the “Equitable Community Access to Pharmacist Services Act.” This bill would inappropriately allow pharmacists to perform services that would otherwise be covered if they had been furnished by a physician, test and treat patients for certain illnesses (including illnesses that address a public health need or relate to a public health emergency) and expand Medicare payment for pharmacists in limited but significant ways.

Our organizations strongly support the team approach to patient care, with each member of the team serving in a clearly defined role as determined by his or her education and training. While we greatly value the contribution of pharmacists to the physician-led care team and recognize that pharmacists are well-trained in activities like dispensing pharmaceuticals, advising patients on the use of medications, and understanding drug-drug interactions, pharmacists’ training does not include diagnosing patients or formulating a plan of treatment. Furthermore, their training is substantially less extensive than that of physicians, who undergo four years of medical school, three to seven years of residency training, and 10,000-16,000 hours of clinical training that is required of physicians. In contrast, pharmacists are required to complete only four years of education, *no residency*, and 1,740 hours of clinical training.

More than the vast difference in hours of education and training, it is also the differences in the rigor of the curriculum and clinical training that separate physicians and pharmacists. In order to be recognized as a physician with an unlimited medical license, medical students’ education must prepare them to enter any field of practice and includes content and clinical experiences from which they develop their clinical judgment and medical decision-making skills, including directly managing patients in all aspects of medicine. By gradually reducing physician oversight, residents are able to develop their skills with progressively increasing autonomy, thus preparing these physicians for the independent practice of medicine. This training protocol prepares physicians to perform differential diagnoses and develop a treatment plan within the context of a patient’s overall health condition. As such, 95 percent of U.S. voters in a recent survey said it is important to them for a physician to be involved in diagnosis and treatment decisions.¹

¹ <https://www.ama-assn.org/system/files/ama-scope-of-practice-stand-alone-polling-toplines.pdf>.

By contrast, while pharmacists are well-trained as medication experts within an interprofessional team, their training in patient care is limited. Most of the Doctor of Pharmacy (PharmD) curriculum across the country consists of instruction in applied sciences and therapeutics. Residency is not required, and the overwhelming majority of pharmacists working in the community setting have not undergone residency training. While pharmacy students do engage in a modest amount of “practice experiences” during their education, the training is not focused on providing medical care to patients. In fact, the practice experiences in the PharmD curriculum do not include performing a physical examination, making a diagnosis, triaging severity, or prescribing. Furthermore, neither the didactic nor practice experience component of a pharmacist’s education prepares them to clinically assess patients or perform differential diagnoses to discern the root cause of a symptom. In short, pharmacists do not have the education and training necessary to diagnose and treat patients, which raises serious concerns about the underlying premise of this legislation.

We are particularly concerned that H.R. 1770 would permit pharmacists to evaluate and manage patients for the testing or treatment of COVID-19, influenza, respiratory syncytial virus (RSV), or streptococcal pharyngitis. These diagnoses would be guided by the results of a CLIA-waived test, but this is problematic because the results of a test alone are not enough to make a conclusive diagnosis or to rule out other complications. For example, physicians are trained in residency to identify a serious illness, such as a respiratory disease, and to perform differential diagnoses; pharmacists simply are not. Without a comprehensive physical exam by a trained professional done in the full context of the patient’s health, the severity of an illness is easily under-appreciated, and the underlying causes of symptoms may be overlooked.

Equally concerning is the fact that pharmacists in the community setting said they already have so much work to do that everything cannot be done well.² The problem appears systemic with 71 percent of all pharmacists in a pharmacy chain setting and 91 percent of pharmacists working in community pharmacies rating their workload as high or excessively high. Moreover, pharmacists reported that their “three most common ‘highly stressful’ job aspects were ‘having so much work to do that everything cannot be done well’ (43 percent reporting ‘highly stressful’), ‘working at current staffing levels’ (37 percent reporting ‘highly stressful’), and ‘fearing that a patient will be harmed by a medication error’ (35 percent reporting ‘highly stressful’).”³ Scope expansions like the one proposed in this bill would only add further responsibilities to an overburdened pharmacist workforce and threaten patient safety due to their insufficient training in these activities.

Furthermore, each member of the physician-led health care team has an important role to play while working together to ensure improvements in patient care. H.R. 1770/S. 2477 would allow pharmacists to test, treat, and, therefore, initiate drug regimens for COVID-19, influenza, RSV, or streptococcal pharyngitis. This extensive list has the potential to vastly expand pharmacists’ scope of practice beyond state licensure laws that have been thoughtfully put in place, most often by the state board of pharmacy. Moreover, pharmacists, though trained in the chemical components of medication, do not have the holistic or comprehensive medical knowledge and approach of physicians. As such, allowing pharmacists, simply because they are licensed in a specific state in that profession, to initiate drug regimens, administer drugs, and generally treat certain illnesses, could cause major complications for patients when their complete

² <https://www.bls.gov/ooh/healthcare/pharmacists.htm#tab-2>.

³ https://www.aacp.org/sites/default/files/2020-03/2019_NPWS_Final_Report.pdf.

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health is not adequately considered or adequately documented within an electronic health record. In fact, select COVID-19 therapeutics, while highly effective, are accompanied by multiple pages of information related to drug interactions which may negatively impact an individual's health if their complete health history is not adequately considered. Moreover, special populations, such as patients under 18 years of age or individuals who are pregnant or breastfeeding, require the specialty knowledge brought by a physician to make evidence-based, patient-centered decisions.

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. We are concerned that the policy changes within H.R. 1770/S. 2477 conflict with this approach to health care delivery and could result in patients forgoing holistic wellness exams, comprehensive preventive care, early diagnosis, and optimal therapy, which could have devastating long-term consequences.

Finally, the expansion of pharmacists' scope of practice is highly likely to generate a significant score from the Congressional Budget Office (CBO) due to the inclusion of a new provider treating these particular conditions. The policy changes outlined in H.R. 1770/S. 2477 should be rejected because they will further stress the federal healthcare system that is already under resourced and riddled with fiscal problems. Misdiagnoses, siloed and uncoordinated care, and patients not receiving the right care at the right time all lead to worse patient outcomes and add costs to our health care system. We should respect the success of coordinated team-based care and put patient safety first by rejecting the misguided approach in this legislation.

Therefore, we strongly encourage you to protect the health and safety of our patient population and oppose the passage of H.R. 1770/S. 2477.

Sincerely,

American Medical Association
Academy of Consultation-Liaison Psychiatry
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Emergency Medicine
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Emergency Physicians
American College of Medical Genetics and Genomics
American College of Physicians
American College of Radiology

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American Medical Women's Association
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Laser Medicine & Surgery, Inc.
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Dermatopathology
American Society of Neuroradiology
American Society of Plastic Surgeons
American Urological Association
American Venous Forum
Association of Academic Radiology
International Pain and Spine Intervention Society
North American Neuromodulation Society
Renal Physicians Association
Society for Pediatric Dermatology
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Interventional Radiology

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society

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Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society

Cc: The Honorable John Thune, United States Senate
The Honorable Mark Warner, United States Senate
The Honorable Adrian Smith, United States House of Representatives
The Honorable Brad Schneider, United States House of Representatives