

August 22, 2024

The Honorable Jason Smith  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
Chairwoman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Richie Neal  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Smith, Ranking Member Neal, Chairwoman Rodgers and Ranking Member Pallone:

The undersigned chapters of the American Academy of Family Physicians (AAFP), representing 130,000 family physicians and medical students across the country, write to express our opposition to H.R. 1770, Equitable Community Access to Pharmacist Services Act. This bill would permanently expand Medicare by reimbursing pharmacists for certain types of patient care that have historically only been allowed by a physician. Although intended to provide patients with increased access to certain services, it is likely that unintended consequences such as fragmented care, misdiagnosis, and additional cost and time to a patient to correct an incorrect care plan could occur.

Pharmacists are integral to the delivery of comprehensive health care. A pharmacist's unique role and training ensures the safe, effective, and appropriate use of medications. However, pharmacists do not receive the training to diagnose conditions nor to provide a care plan that goes beyond the administration of medicines to treat a condition. 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.<sup>i</sup>

We acknowledge the expanded and critical role pharmacists played during the COVID-19 public health emergency after receiving additional federal authority, such as the ability to administer COVID-19 testing and vaccines. 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, respiratory syncytial virus (RSV), and the flu. We also want to note concern for the broad bill language that allows pharmacists to "address a public health need related to a public health emergency."

Our principal concern with this proposal is patient safety. 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 the ability to provide medical treatment without the critical knowledge needed to make informed and appropriate decisions for each individual patient. 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.

Again, we acknowledge the vital role that pharmacists play in providing comprehensive care to most patients and fully support a collaborative and team-based health care model.<sup>ii</sup> 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 however that patients are best served when their care is provided by an integrated practice care team led by a physician. 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.<sup>iii</sup>

Instead of permanently expanding the scope of practice for pharmacists to include services that they are not trained to perform, Congress should be supporting the delivery of primary care by passing policies that strengthen the primary care workforce at all levels. Allowing pharmacists to test for COVID-19 and to provide additional vaccines during the public health emergency was a band-aid solution to a systemic problem: primary care physicians face numerous hurdles when it comes to providing comprehensive and complete patient care, especially to our most vulnerable populations and during times of crisis.

Congress should advance health care workforce reforms that strengthen primary care education and training, encourage primary care physicians to work in underserved and rural communities, and ensure that Medicare payments for primary care services are sufficient and stable. In addition, given the constant uncertainty regarding Medicare Part B funding, we must acknowledge that adding pharmacists to the list of Part B providers would have a significant fiscal impact and only further destabilize Medicare payment for physicians and other Part B clinicians. This continued erosion of finite resources could jeopardize the ability of family physicians and others to deliver care to all the Medicare beneficiaries in their community who need it.

While we appreciate the intent behind H.R. 1770, the unintended consequences of this bill could be incredibly detrimental to strengthening the primary care workforce and could have dire consequences for patient care. We urge Congress to focus on policies that strengthen and invest in a patient's relationship with their usual source of care.

Thank you for your consideration of our concerns with H.R. 1770. If you have questions, please contact Megan Mortimer, AAFP's Manager of Legislative Affairs, at [mmortimer@aafp.org](mailto:mmortimer@aafp.org).

Sincerely,

Alabama Academy of Family Physicians  
Alaska Academy of Family Physicians  
Arizona Academy of Family Physicians  
Arkansas Academy of Family Physicians  
California Academy of Family Physicians  
Colorado Academy of Family Physicians  
Connecticut Academy of Family Physicians  
Delaware Academy of Family Physicians  
Florida Academy of Family Physicians

Georgia Academy of Family Physicians  
Hawaii Academy of Family Physicians  
Idaho Academy of Family Physicians  
Illinois Academy of Family Physicians  
Indiana Academy of Family Physicians  
Iowa Academy of Family Physicians  
Kansas Academy of Family Physicians  
Kentucky Academy of Family Physicians  
Louisiana Academy of Family Physicians  
Maine Academy of Family Physicians  
Maryland Academy of Family Physicians  
Massachusetts Academy of Family Physicians  
Michigan Academy of Family Physicians  
Minnesota Academy of Family Physicians  
Mississippi Academy of Family Physicians  
Missouri Academy of Family Physicians  
Montana Academy of Family Physicians  
Nebraska Academy of Family Physicians  
Nevada Academy of Family Physicians  
New Hampshire Academy of Family Physicians  
New Jersey Academy of Family Physicians  
New Mexico Academy of Family Physicians  
New York Academy of Family Physicians  
North Carolina Academy of Family Physicians  
North Dakota Academy of Family Physicians  
Ohio Academy of Family Physicians  
Oklahoma Academy of Family Physicians  
Oregon Academy of Family Physicians  
Pennsylvania Academy of Family Physicians  
Rhode Island Academy of Family Physicians  
South Carolina Academy of Family Physicians  
South Dakota Academy of Family Physicians  
Tennessee Academy of Family Physicians  
Texas Academy of Family Physicians  
Utah Academy of Family Physicians  
Vermont Academy of Family Physicians  
Virginia Academy of Family Physicians  
Washington Academy of Family Physicians  
West Virginia Academy of Family Physicians  
Wisconsin Academy of Family Physicians  
Wyoming Academy of Family Physicians

---

<sup>i</sup> [Protect Access to Physician-led Care | AMA \(ama-assn.org\)](https://www.ama-assn.org/protect-access-physician-led-care)

<sup>ii</sup> [Joint Principles of the Patient-Centered Medical Home \(aafp.org\)](https://www.aafp.org/afp/joint-principles-of-the-patient-centered-medical-home.html)

<sup>iii</sup> [pcmh evidence report 2019 0.pdf \(thepcc.org\)](https://www.thepcc.org/epcc/epcc-2019/epcc-2019-evidence-report)