

S. 109

The Pharmacy and Medically Underserved Areas Enhancement Act of 2017

Introduced by Senators Chuck Grassley (R-Iowa), Sherrod Brown (D-Ohio) and Bob Casey (D-Pa.) on January 12, 2017.

This bipartisan legislation has garnered 51 cosponsors: 23 Republicans, 27 Democrats and 1 Independent.

S. 109 enables Medicare beneficiaries access to pharmacist-provided services under Medicare Part B by amending section 1861(s)(2) of the Social Security Act to recognize pharmacists as providers.

- Pharmacist-provided services would be reimbursable under Medicare Part B only if they are provided in areas of the country that HRSA defines as medically underserved areas (MUAs), medically underserved populations (MUPs), or health professional shortage areas (HPSAs).
- The legislation does not expand services beyond each states' already existing scope of practice.
- The legislation is consistent with precedent established by the Nurse Practitioners (NPs) and Physicians' Assistants (PAs) provider status efforts; pharmacist services would be reimbursed at 85% of the physician fee schedule.

Millions of Americans already lack adequate access to health care due to primary care physician shortages in their communities, despite many of these patients having health insurance coverage. According to Congressional Budget Office estimates, an additional 36 million individuals may potentially gain health coverage under the Patient Protection and Affordable Care Act (PPACA), exacerbating the current shortage of physicians. The Association of American Medical Colleges projects that by 2020, there will be more than 91,000 fewer doctors than needed to meet demand.

TALKING POINTS

- Pharmacists can play a greater role in the delivery of healthcare services. Pharmacists who practice at the fullest extent of their education, training, and license can provide services that include health and wellness screenings, chronic disease management, immunization administration, medication management, and working in and partnering with hospitals and health systems to advance health and wellness and reduce hospital readmissions.
- Enabling pharmacists to more fully utilize their education, training and expertise, and be more integrated into the patient's health care team will also improve health outcomes and greatly benefit specific populations with chronic disease; including those with diabetes and cardiovascular disease.
- However, the lack of pharmacist recognition as a provider by Medicare limits payment for services provided by pharmacists, thereby limiting patients' access to these essential services.
- These services are desperately needed in areas of the country that HRSA defines as medically underserved areas (MUAs), medically underserved populations (MUPs), or health professional shortage areas (HPSAs). Small, independent community pharmacies are often located in rural and highly-urban areas where larger, chain stores might not be as willing to locate. Community pharmacists can play a continually increasing and integral role in bringing access to care to those areas of the country, and beneficiaries, who need it most.