



**Statement of Dr. Paul W. Abramowitz to the COVID-19 Health Equity Task Force:  
Our Nation Should Fully Utilize Pharmacists to Help Address Disparities in Access to Care**

February 26, 2021

Dr. Nunez-Smith and Members of the Committee:

ASHP represents pharmacists who serve as patient care providers in hospitals, health systems, ambulatory clinics, and other healthcare settings spanning the full spectrum of medication use. The organization's nearly 58,000 members include pharmacists, student pharmacists, and pharmacy technicians. ASHP also hosts the largest gathering of pharmacists in the world, the Midyear Clinical Meeting, with over 25,000 attendees each year. For 79 years, ASHP has been at the forefront of efforts to improve medication use and enhance patient safety, providing critical practice resources such as an extensive publicly-accessible COVID-19 resource center, including an evidence table for COVID-19 treatments and health system pharmacy surge toolkit. As the pandemic enters its second year, ASHP remains fully committed to helping ensure equitable access to COVID-19 vaccination, testing, and treatment for our members and their patients. In the weeks leading up to the approval of a COVID-19 vaccine, ASHP developed [principles on COVID-19 vaccination](#), specifically calling for equitable access to COVID-19 vaccines, and we have continued to update policymakers with recommendations for improving the rollout drawn from our members' experiences in the field.

Across the country, our pharmacist, pharmacy technician, and pharmacy student members are providing essential patient care in hospitals, health systems, ambulatory clinics, and other healthcare settings spanning the full spectrum of medication use. They are on the front lines of the COVID-19 response and they have been a lifeline for patients seeking testing, immunizations, and medications. They are also the leaders managing fragile drug supply chains on behalf of patients and the healthcare enterprise. I urge you to include their voice and expertise in decisions you make.

**Pharmacists are Among the Nation's Most Accessible Providers in Underserved Communities**

Pharmacists are the most accessible providers in otherwise underserved communities. In fact, 90% of all Americans live within five miles of a community pharmacy.<sup>1</sup> In rural and underserved communities and in communities experiencing physician shortages, pharmacists may be the only healthcare provider that is immediately available to patients. A recent report from the University of Pittsburgh School of Pharmacy highlighted the gaps in access to care experienced by Black Americans.<sup>2</sup> The report found that 37% of U.S. counties had two or fewer healthcare facilities per 10,000 residents and 9% had less than one facility per 10,000 residents. In the study, 69 counties, including 23 urban counties, were identified where Black residents had a significantly higher risk than white residents of having to drive greater than one mile to the closest COVID-19 vaccine administration facility. A further 94 counties were identified where Black residents had a significantly higher risk than white residents of having a driving distance greater than 10 miles to the closest facility. The findings also highlight that pharmacists and pharmacies are the most accessible healthcare providers in otherwise underserved communities, and highlight the need to leverage non-traditional access points to

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<sup>1</sup> See NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

<sup>2</sup> Berenbrok, Lucas A, et al. Access to Potential COVID-19 Vaccine Administration Facilities: A Geographic Information Systems Analysis. 2 Feb. 2021, [s8637.pcdn.co/wp-content/uploads/2021/02/Access-to-Potential-COVID-19-Vaccine-Administration-Facilities-2-2-2021.pdf](https://s8637.pcdn.co/wp-content/uploads/2021/02/Access-to-Potential-COVID-19-Vaccine-Administration-Facilities-2-2-2021.pdf).

increase availability of vaccination and testing in underserved communities. They also highlight the need to fully leverage the existing healthcare providers, notably pharmacists and pharmacies that are already available to provide access in these communities.

### **Remove Barriers to Pharmacist Care Harm Underserved Communities**

Pharmacists practicing in health systems have led the coordination of COVID-19 vaccination efforts across our country, and while I am pleased that the government is beginning to roll out vaccinations through community pharmacies as well, there are significant federal barriers to pharmacists providing care in the communities they serve. While several states currently reimburse pharmacists as healthcare providers, the Medicare program does not. As a result, many pharmacies are unable to be reimbursed for providing COVID-19 testing, nor are they able to receive reimbursement to provide patient assessment and counseling for Medicare beneficiaries receiving COVID-19 testing. This creates a financial barrier that undermines access to care in the communities pharmacists serve, which is very concerning given pharmacies are often the only point of care that exists in underserved communities. These barriers can be overcome if we have the will to fully leverage pharmacists as healthcare providers in these otherwise underserved communities. COVID-19 has exposed deep disparities in care across our country. Taking steps today to fully leverage pharmacists to provide care in the communities they serve will increase care access well beyond the span of the COVID-19 pandemic.

### **Enhance Support for Safety Net Providers**

Our government has long recognized the role that safety-net hospitals play in serving patients in both rural and urban communities. These hospitals often serve as the only source of acute care services, including inpatient care for COVID-19 patients, in underserved communities. Yet, for the past several years, the Centers for Medicare & Medicaid Services has undermined a critical safety net program, the 340B Drug Pricing Program, by targeting 340B eligible hospitals for Medicare cuts and by failing to enforce 340B drug discount requirements for drug manufacturers. The savings generated by the 340B program support many vital programs hospitals could not otherwise provide to underserved patients, such as transportation and clinical services. To protect communities' access to services, the government should immediately reverse these harmful policies. Further, given COVID-19's toll on providers, particularly those that were under-resourced before the pandemic, additional support is needed. The Provider Relief Fund, which was established by Congress to support providers struggling to serve patients as a result of the COVID-19 pandemic, is nearly depleted, but the pandemic continues. We urge the COVID-19 Health Equity Task Force to recommend that Congress replenish the Provider Relief Fund to make funds available for safety-net hospitals and other providers on the front lines of COVID-19 care.

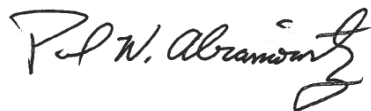
### **Immediately Appoint a Pharmacist to the COVID-19 Health Equity Task Force**

I am greatly concerned that despite the role pharmacists are playing in COVID-19 vaccination and treatment, and the relative accessibility of pharmacists in otherwise underserved communities, this Task Force does not have a single pharmacist among its members. This deprives the Task Force of insights from medication use experts who are also the most accessible providers in underserved communities. The leadership of this Task Force and the Biden administration should move swiftly to add a pharmacist to the COVID-19 Health Equity Task Force. The national pharmacy organizations, including ASHP, have jointly recommended including Dr. Vivian Bradley Johnson, Pharm.D., M.B.A., FASHP, senior vice president of clinical services for Parkland Health and Hospital System, and Dr. Lakesha Butler, PharmD, BCPS, immediate past president of the National Pharmaceutical Association. Both of these pharmacists have a history of serving as healthcare providers in Black and Brown communities, and both are well qualified to provide insights that will help this task force address disparities in COVID-19 care. I strongly urge that a pharmacist with experience addressing health disparities be added to this task force.

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Thank you for your consideration of these recommendations.

Sincerely,

A handwritten signature in black ink, reading "Paul W. Abramowitz". The signature is written in a cursive style with a large, stylized initial "P".

Paul W. Abramowitz, PharmD, Sc.D. (Hon), FASHP  
Chief Executive Officer  
American Society of Health-System Pharmacists (ASHP)