July 30, 2020

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
1236 Longworth House Office Building  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
2468 Rayburn House Office Building  
Washington, DC 20515

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
322 Hart Senate Office Building  
Washington, DC 20510

Dear Speaker Pelosi and Leaders McCarthy, McConnell and Schumer:

On behalf of the undersigned hospitals, health systems, and professional organizations, we are deeply concerned that our nation’s COVID-19 testing capacity continues to be inadequate. Failure to provide adequate access to testing jeopardizes the safety of healthcare workers and patients. Currently, the United States is conducting about 500,000 tests per day nationally, but a new analysis from the Harvard Global Health group found that the U.S. would need 4.3 million tests per day in order to achieve suppression of COVID-19.¹

Over a four month period, from March to June 2020, it is estimated that, U.S. nonfederal hospitals stand to lose approximately $161.4 billion in revenue from canceled surgeries, outpatient treatments, and reduced emergency department services due to COVID-19.² Leveraging pharmacists to provide necessary services needed, including testing and immunization, would assist hospitals in being able to get back to proving essential routine health care.

A recent analysis found that 54% of U.S. counties, and 68% of our rural counties, do not have a single COVID-19 testing site.³ Furthermore, 58% of U.S. counties with testing sites do not have sufficient capacity to meet recommended testing levels. At the same time, we have over 309,000 pharmacists across our country who could be utilized to expand access to testing. In fact, 90% of all Americans live within five miles of a community pharmacy.⁴

⁴ NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.
Every state allows pharmacists to administer COVID-19 tests. However, the government will not pay most pharmacies to administer COVID-19 testing for Medicare beneficiaries. This dramatically limits the ability for America’s seniors to receive convenient testing from pharmacists in their community.

There is an obvious step that Congress can take to address this critical shortage and increase access to testing for millions of seniors at high risk for COVID-19 – Congress should allow pharmacists to be reimbursed for providing COVID-19 testing to Medicare beneficiaries.

We urge Congress to expand COVID-19 testing for Medicare beneficiaries by allowing them to access testing from pharmacists in their community. We ask Congress to amend Section 1861(s)(2) and Section 1833(a)(1) of the SSA to temporarily allow coverage for the following services in order to accommodate pharmacists’ different settings of care and practice arrangements and establish reimbursement for coverage of the services below.

- Provision of COVID-19 testing (diagnostic and serology) and associated services
- Provision of flu and respiratory syncytial virus testing and associated service
- Vaccination of COVID-19 and Influenza
- Provision of other tests or services deemed necessary by the Secretary to respond to COVID-19

We urge you to provide pharmacies and pharmacists a clear pathway to assist with the Nation’s COVID-19 response in the next round of pandemic response legislation.

Thank you for your consideration.

Sincerely,

American Society of Health System Pharmacists (Maryland)
University of Virginia Health System (Virginia)
Mount Sinai Health System (New York)
Medical University of South Carolina Health (South Carolina)
Pioneers Memorial Healthcare District (California)
Coborn’s, Inc. (Minnesota)
Centura Health (Colorado and Kansas)
Valleymwise Health (Arizona)
New Hampshire Society of Health-System Pharmacists (New Hampshire)
Wellstar Atlanta Medical Center (Georgia)
Mercer University College of Pharmacy (Georgia)
Methodist Health System (Texas)
Illinois Council of Health-System Pharmacists (Illinois)
University of Maryland School of Pharmacy (Maryland)
New Jersey Pharmacy Leaders Group (New Jersey)
Montefiore Nyack Hospital (New York)

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5 Medicare payment is limited to pharmacies that are clinical laboratories, but fewer than a quarter of all pharmacies are CLIA-waived labs, leaving the vast number of the nation’s pharmacies unable to provide these services. CDC, Clinical Laboratory Improvement Amendments (CLIA) Laboratory Search (accessed July 13, 2020), available at https://www.cdc.gov/clia/LabSearch.html#.

6 NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.
Primary Care of Western New York (New York)
Elite Pharmacy Consulting, LLC (Massachusetts)
St Joseph Mercy Oakland (Michigan)
S and R Consulting Associates (Idaho)
Rx Management & Advisory Services Inc (New York)
Monk-Tutor Consulting (Mississippi)
LifePoint Health (Tennessee)
The Arnold & Marie Schwartz College of Pharmacy and Health Sciences, Long Island University (New York)
University Tennessee Medical Center (Tennessee)
Grane Supply Inc dba Grane Rx (Pennsylvania and Colorado)
Golden Gate Society of Health-System Pharmacists (California)
St Vincent Charity Medical Center (Ohio)
McLaren Greater Lansing (Michigan)
Larkin University, College of Pharmacy (Florida)
Pioneers Memorial Healthcare District (California)
The Society of Pain and Palliative Care Pharmacists (Illinois)
Tallahassee Memorial Healthcare, Inc. (Florida)
Mercy Medical Center (Iowa)
University of New Mexico, Sandoval Regional Medical Center (New Mexico)
Valleymere Health (New Mexico)
Michigan Society of Health-System Pharmacists (Michigan)
Arizona Pharmacist Association (Health-Systems Academy) (Arizona)
OSF Healthcare (Illinois and Michigan)
Hunter Pharmacy Services, Inc. (Texas)
Desert Pharmacy (California)
Illinois Council of Health-System Pharmacists (Illinois)
University of Louisville Health (Kentucky)
Topeka Pharmacy (Indiana)
South Dakota Society of Health-System Pharmacists (South Dakota)
Orphan Drug Services Inc. (New Jersey)
Virginia Garcia Memorial Health Center (Oregon)
Providence St. Joseph Health (Washington, Oregon, California, Montana, Alaska, New Mexico, Texas)
Shawler Petroff LLC (Michigan)
Jefferson Health (Pennsylvania and New Jersey)
CarolinaEast Health System (North Carolina)
Peconic Bay Medical Center (New York)
University of Pittsburgh Medical Center (Pennsylvania)
Swedish Hospital (Illinois)
Madison Medical Center (Missouri)
New York Presbyterian (New York)
Kaleida Health (New York)
Lehigh Valley Health Network (Pennsylvania)
Samaritan Health System (Oregon)
Kingman Regional Medical Center (Arizona)
Community Health Network (Indiana)
Providence Health and Services (Oregon)
MercyOne Waterlo Medical Center (Iowa)
QueensCare Health Centers (California)
Kennedy Pharmacy Innovation Center (South Carolina)
Salib Oncology/Hematology (Pennsylvania)
Geisinger (Pennsylvania)
Benson Health (North Carolina)
University of Pittsburgh School of Pharmacy (Pennsylvania)
RWJBarnabas Health (New Jersey)
ElderCare Pharmacy (Georgia)
UVA Health (Virginia)
Virginia Hospital Center (Virginia)
Cone Health (North Carolina)
Renown Health (Nevada)
University of Southern California School of Pharmacy (California)
Community Health Care (Washington)
Emory Saint Joseph's Hospital (Georgia)
Completerx (Massachusetts)
Health First, Inc. (Florida)
Ascension (Multiple States)
Christus St. Vincent Hospital (New Mexico)
Summa Health System Akron City (Ohio)
Brigham and Women's Hospital (Massachusetts)
MedStar Health (Maryland and the District of Colombia)
Cleveland Clinic Health System (Ohio)
Upstate University Hospital (New York)
Emerson Hospital (Massachusetts)
Shore Medical Center (New Jersey)
Roosevelt University College of Pharmacy (Illinois)
Moffitt Cancer Center (Florida)