



Statement from ASHP CEO Paul W. Abramowitz, PharmD, ScD (Hon.), FASHP During Roundtable with U.S. Department of Health and Human Services Secretary Xavier Becerra Regarding Health Disparities and Access to Care

June 29, 2021

ASHP represents pharmacists who serve as patient care providers in hospitals, health systems, and ambulatory clinics. Our 58,000 members include pharmacists, student pharmacists, and pharmacy technicians. Most health-system pharmacists identify as clinical pharmacists, are residency trained, and many pursue board certification in clinical specialties.

In regard to ASHP priorities, COVID-19 has further highlighted the critical role pharmacists play in expanding access to care, particularly for patients in underserved communities. Over 70 major health systems and more than two dozen rural health associations have asked that Medicare cover clinical care provided by pharmacists so that we can improve access to care while working with other clinicians to ensure patients receive optimized medication therapy.

But to achieve improved access, we need to eliminate regulatory barriers that prevent this.

First, we need a payment mechanism to allow Medicare and Medicaid beneficiaries to access services that pharmacists are licensed to provide, including telehealth services.

We need to protect the 340B program that supports patient care services in underserved communities and address drug pricing in general.

We need to stop a practice known as “white bagging” that allows insurers to interfere with the medications pharmacists and physicians administer based on their clinical judgment.

By fully engaging pharmacists on interprofessional teams, their clinical expertise and resources are effectively applied where they are needed most.

During the pandemic, pharmacists have been essential to COVID-19 vaccinations. Pharmacists can also provide access to COVID and flu testing, and we are increasingly seeing states leverage pharmacists to provide public health services such as access to emergency medication for HIV prophylaxis. Health systems, like the VA, leverage pharmacists to manage medications for opioid use disorder.

These services are best achieved when pharmacists, physicians, nurses, and other providers work together on teams that have access to the patient and the electronic health record. This includes using pharmacists to manage medications for chronic diseases, such as diabetes, heart disease, opioid use disorder, and others.

We look forward to working with you to leverage pharmacists to reduce disparities in access to care.

Thank you.