

Patients Need Access to Primary Care Services, Affordable Medications

The pharmacists who practice in the patient-care settings in your district and state – including hospitals, outpatient clinics, and physician practices – help improve patient outcomes and reduce costs. They are experts in the successful use of today’s complex medications and work collaboratively with other healthcare professionals to provide a wide range of patient-care services. Pharmacists’ mission is to help people achieve optimal health outcomes. We can realize this goal only if patients have access to essential healthcare services and affordable medications.

Our Issues

Increase Patient Access to Primary Care Services of Pharmacists

Pharmacists are among our nation’s most trusted and accessible healthcare professionals, yet they are not recognized as healthcare providers in the Medicare program. This unnecessarily limits patients’ access to healthcare services and the valuable contributions that pharmacists can bring to ambulatory clinics, accountable care organizations, patient-centered medical homes, and other team-based healthcare delivery models.

Enabling pharmacists to practice to the full extent of their education and training will improve health outcomes and greatly benefit specific populations, especially those with chronic diseases such as diabetes and cardiovascular disease.

Where We Stand

ASHP supports The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592 and S. 109), which would amend section 1861(s)(2) of the Social Security Act to allow pharmacists to participate in Medicare Part B for patients who live in medically underserved areas. The bipartisan legislation would not expand the types of services that pharmacists are permitted to provide. Eligible services would continue to be governed by state laws just as they are for other healthcare professions.



Improve Transparency in Drug Pricing, DIR Fees

The sharp rise in prescription medication prices jeopardizes patient access to medications and places a severe strain on the healthcare system. High medication costs stretch household budgets and may force patients to discontinue their medication regimen or delay seeking care.

Increased medication prices also place enormous budgetary pressure on healthcare organizations. Many pharmacy benefit managers (PBM) have begun to assess direct and indirect remuneration (DIR) fees to pharmacy



ASHP represents pharmacists who serve as patient care providers in acute and ambulatory care settings. The organization’s more than 43,000 members include pharmacists, student pharmacists, and pharmacy technicians. For 75 years, ASHP has been at the forefront of efforts to improve medication use and enhance patient safety. For more information, please contact Christopher Topoleski at ctopoleski@ashp.org or 301-664-8806.

providers in retail and outpatient clinic settings. The PBMs appear to be applying their own plan performance measures as a way to assess fees on pharmacies dispensing Part D drugs. These fees are an arbitrary and unintended application of measures meant for total plan performance, not pharmacy-level metrics.

Where We Stand

ASHP also supports the **Improving Transparency and Accuracy in Medicare Part D Spending Act** (H.R. 1038 and S. 413), legislation that would prohibit Part D plan sponsors from retroactively reducing payment on clean claims submitted by pharmacies under Medicare Part D.

ASHP, as a member of the **Campaign for Sustainable Rx Pricing**, supports the **Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act** (H.R. 2212 and S. 974), which would promote competition by limiting manufacturers' ability to prevent potential competitors from entering the generic market.

Preserve the 340B Drug Pricing Program

The 340B Drug Pricing Program is essential to many hospitals' ability to provide care to uninsured and underinsured patients. The increasing shift toward ambulatory care and outpatient pharmacy services has contributed to the growth of the federal 340B program and has allowed for better access to medications by low-income and uninsured patients.

Hospitals that participate in the federal 340B program use the savings to:

- Increase the number of indigent patients serviced.
- Reduce the price of medications for patients.
- Establish programs to increase medication adherence.
- Expand other services offered to patients, such as chemotherapy and HIV treatment.

It is important to note that the 340B drug-discount program only accounts for five percent of the nation's pharmaceutical expenditures.

Where We Stand

ASHP supports **The Closing Loopholes for Orphan Drugs Act** (H.R. 2889) that would allow eligible entities to purchase orphan drugs through the federal 340B program when those drugs will be used to treat an illness other than the orphan indication.

ASHP strongly opposes cuts proposed by the Centers of Medicare & Medicaid Services to the Medicare payment rates for drugs that hospitals acquire under the 340B Drug Pricing Program. These changes run counter to the statutory intent of the federal 340B program and will incur a steep cost to the people and the organizations that can least afford it.



Sustained Funding Needed to Stem Opioid Epidemic

Pharmacists can play a major role in solving the epidemic of opioid abuse and misuse, including helping to break the cycle of continuously increased opioid dosing and potency while ensuring the patients receive appropriate pain management.

Legislation enacted at the end of 2016 provided for \$1 billion to address the epidemic and recent legislation has included additional funds to provide grants for community-based treatment programs.

Where We Stand

ASHP is encouraged by the steps Congress has taken to address this issue and hopes to see additional funding to implement the **Comprehensive Addiction and Recovery Act (CARA)**.