



2008 Advocacy Agenda

ACCP seeks to achieve targeted, strategic advocacy objectives through a combination of activities involving the professional staff, multi-organizational coalitions, and our individual members. The objectives are consistent with the College's strategic plan and the expressed and identified needs of the membership as articulated through the ACCP Board of Regents. These activities are directly primarily at the federal level, although certain state and regional issues may also attract the involvement of the College. The priority issues for 2008 are:

- **Inclusion of and payment for the direct patient care medication management services of qualified pharmacists under Part B of the Medicare program and other major health insurance plans.** Continue to play a central coordinating role in the Leadership for Medication Management coalition to achieve introduction of legislation in Congress that results in the inclusion of the direct patient care medication management services of qualified pharmacists under Part B of the Medicare program. Further, to actively pursue legislative or regulatory strategies that may achieve comparable results as part of the process of Congressional evaluation, oversight, and possible legislative changes to the Medicare Part D outpatient drug benefit and its associated medication therapy management (MTM) component.
- **Promote enhanced quality, structure, and information dissemination concerning medication therapy management services (MTMS) under Medicare Part D.** Increase communication and interaction with the Centers for Medicare and Medicaid Services (CMS) to promote more specific structure and enhanced evaluation of the MTMS component of the Medicare Part D outpatient drug benefit.
- **Focus Interactions with the Agency for Healthcare Research and Quality on the issue of Quality of Medication Therapy Management Programs within Medicare Part D Plans.** Interact regularly with AHRQ staff responsible for quality assessment of the Medicare Part D benefit, with particular attention to MTM programs, models of collaborative care, and performance-based practice models.
- **Continue to seek restoration of Medicare funding for specialized residency training under Medicare prospective payment rules.** In cooperation with ASHP and AACP government affairs staff, work with CMS to establish benchmarks and data supporting the value of and need for Medicare support for second-year and 2-year integrated residency training for pharmacists in facilities that are Medicare providers.

- **Monitor and influence as needed legislation and regulations dealing with issues of medication safety and rational medication use.** Work with appropriate health associations and advocacy organizations to promote greater medication safety through more active involvement of pharmacists in patient care.
- **Support for Pharmacy Professional Education Programs.** Working with AACP, continue advocacy for passage of legislation and/or enhanced appropriations for existing programs to enhance support for the nation's pharmacy education infrastructure to help assure an appropriate supply of pharmacy professionals for their roles in clinical practice, education, and research.
 - **National Health Service Corps (NHSC) - Seek pharmacist participation in NHSC loan repayment programs available through federally qualified health centers, as authorized by Senate language that permits the HHS Secretary to include pharmacists in the program.** Monitor House of Representatives NHSC reauthorization to seek clarification on pharmacist eligibility for the program.
 - **Title VII Funding** – Support the development of inter-professional health education programs by working with Congress to make programs authorized under Title VII of the Public Health Service Act a significant aspect of comprehensive health professions education.
- **Nomination of clinical pharmacists to federal government agency and related advisory panels.** Working collaboratively with other science-based pharmacy organizations and appropriate agencies of the federal government, identify and promote the inclusion of clinical pharmacists for participation on NIH study sections, FDA advisory panels, and similar agency and related groups (e.g., United States Pharmacopeia) involved in both basic and clinical research in pharmacotherapy and related sciences.

Related Supporting Messages:

- **Practice Model Change** - Promote better understanding of CDTM as a more comprehensive model of care that better achieves the goals being expected of MTM – broaden the distribution of ACCP's 2005 message to IOM concerning the need for a "pharmaco-therapist" as a integral member of the health care team.
- **Payment Policy Change** - Encourage and promote dialogue and policy discussions seeking change from the traditional drug product-based reimbursement structure for pharmacy to payment for the provision of clinical services.
- **Access** – Work to ensure a patient-oriented structure of care. Expand the pool of beneficiaries eligible for MTMS. Encourage payers across all sectors to expand their provision of MTM/CDTM services to further encourage safe and appropriate medication use. (According to the IOM report 1/3 of adults take five or more medications each week – similar to the criteria required for MTMS under Part D)
- **Program Costs** – Promote clinical pharmacists' services as a mechanism to help reduce the financial burden on Medicare/Medicaid/SCHIP programs resulting from medication errors and adverse drug events. Also help ease the burden on employers and small businesses struggling with rising health care costs.

- **2008 Elections** – Encourage ACCP member participation at all levels in the 2008 election process, helping members understand the long-term benefits of sophisticated political activism and helping candidates better understand the role of the clinical pharmacist in the healthcare delivery team.
- **Future Trends**
 - FDA reform -- Encourage balanced FDA approval process that will not needlessly prevent access to needed drugs in the marketplace but still ensures safety and encourages more aggressive and effective post marketing surveillance.
 - Impending economic challenges of Medicare and Social Security spending (the “baby boom” problem) – Work with other organizations seeking policy changes to promote the long-term viability of both programs.
 - Work with allies and in coalitions to help create a climate in which the budgetary and appropriations processes recognize the importance of reducing costs and improving quality through continued investment in public health; healthcare research and information; and access to preventative care.