Washington Report

C. Edwin Webb, Pharm.D., MPH
Associate Executive Director

John McGlew
Director of Government Affairs

The PAPCC, H.R. 4190, and ACCP

Recently, a group of national pharmacy associations, chain drug stores, and other interested stakeholders announced the launch of a new coalition, the Patient Access to Pharmacists' Care Coalition (PAPCC), to develop and enact legislation that would grant pharmacists provider status under Medicare Part B. On March 11, through this coalition's efforts, House of Representatives sponsors introduced legislation that would enable patient access to, and payment for, Medicare Part B services (see http://www.pharmacist.com/sites/default/files/files/HR%204190.pdf) by state-licensed pharmacists in medically underserved communities (H.R. 4190).

This column details ACCP's perspectives regarding the coalition's efforts and addresses questions raised by ACCP members regarding the College's absence from this newly established group.

Background

ACCP has long been involved in the effort to develop consensus within the pharmacy profession around Medicare Part B coverage for services and reinforce the need for federal legislation to establish a Part B benefit. In 2000, the College was a founding member of the Pharmacist Provider Coalition (PPC), which secured introduction of the Medicare Pharmacist Services Coverage Act of 2001 (S. 974). In 2006, we helped establish the Leadership for Medication Management (LMM), a coalition that emerged as the foundation for the Pharmacy Health Care Reform Stakeholder Group, which was instrumental in securing important provisions on behalf of the profession in the Affordable Care Act (ACA).

As the process of implementing the ACA progressed, it became clear that policy-makers in Washington were moving rapidly toward the creation of a health care system that would reward outcomes and value rather than the volume of services provided. In addition, establishing care delivery and payment models that are defined, consistent, team based, patient centered, and measurable became a top priority of both private and public health care programs.

In recognition of these evolving legislative and policy realities, ACCP focused its efforts on developing a Medicare Coverage Initiative (see http://www.accp.com/govt/medicare.aspx) that would accomplish the following. (1) Be consistent with the College's core principles. (2) Clearly define a process of care to differentiate the practice of the clinical pharmacist (comprehensive medication management [CMM]) from the practices of other members of the health care team. (3) Fill a need that is unmet through the existing processes of care.

The College formally launched its initiative in December 2012 and engaged in profession-wide outreach, seeking pharmacy partners to participate in the effort. We have been disappointed, and somewhat surprised, that the principles comprising our initiative don't appear to be shared by the majority of national pharmacy associations and societies. In fact, except for one colleague organization, the College of Psychiatric and Neurologic Pharmacists (CPNP), our invitations to support ACCP's initiative have been declined by other national pharmacy professional societies.

Nevertheless, we have made significant progress in identifying legislative champions on Capitol Hill to introduce legislation on our behalf and helping them understand what CMM is and why a CMM benefit under Part B is essential if Medicare is to achieve its goals of better care, better outcomes, and lower costs. Our initiative is also receiving increased attention and examination by medical and interprofessional health care and policy groups.

We are convinced that the underlying principles of ACCP's Medicare Benefit Initiative are well aligned with the current environment of health care reform. The framework is first and foremost focused on the care that will be provided (the "what"), acknowledging that health care delivery has become a "team sport" and that the clinical pharmacist must be a qualified and fully recognized member of that team. The principles are applicable to all practice settings, are consistent with the anticipated models of care delivery in a reformed system, and embrace a comprehensive role for the clinical pharmacist in the care of the patient.

About H.R. 4190

The PAPCC has prompted the introduction of legislation that will establish Medicare Part B coverage for pharmacists' services that are authorized under state practice acts and that are provided to Medicare patients who meet the Health Resources and Services Administration's definition of Medically Underserved Areas & Populations (see http://bhpr.hrsa.gov/shortage/muaps/).

Proposed Modifications to the Social Security Act

H.R. 4190 proposes to amend section 1861 of the Social Security Act for Medicare to cover patient care services furnished by pharmacists for medically underserved populations, as licensed by state law. Such services are to be paid at 85% of the physician fee schedule.

Covered Services to Be Proposed, According to PAPCC Background Documents

- Conducting health and wellness screenings
- Managing chronic diseases
- Administering immunizations
- Performing medication management

At this time, it is not clear from the language of H.R. 4190 what process of care will be employed to deliver these services or how it will ensure that care is team based, patient centered, and consistent with emerging health care delivery models (e.g., patient-centered medical homes or other collaborative/accountable care models).

Why ACCP Is Not a Member of the PAPCC

In late February 2014, ACCP received a conditional invitation to join the PAPCC, which included a nonnegotiable requirement that our participation in the coalition would force us to abandon completely our own Medicare initiative, essentially setting aside the policy priorities of the College and a major component of its strategic plan. ACCP was given 48 hours to respond to this invitation but was not given access to the proposed legislative language or significant details of the PAPCC proposal itself. When we asked why ACCP must abandon its own initiative, leaders of the PAPCC indicated that they considered it in direct competition with the coalition's legislative efforts.

On February 28, 2014, a meeting of the ACCP Board of Regents was convened by ACCP President Gary Yee by conference call—all Board members were present for the duration of the call. After serious discussion that involved input from every board member, the Board of Regents took the following action by unanimous vote:

> *Due to the commitment to its members to advance and position clinical pharmacists as described in the 2013 ACCP Strategic Plan, ACCP will not abandon the College's current Medicare Benefit Initiative. However, if provided with more information regarding the specifics of the coalition's intended efforts to achieve its stated purpose, and if not required to abandon the College's own initiative, ACCP would seriously consider joining and supporting the new coalition.*

See also ACCP's letter in response to the invitation to join the new coalition (http://www.accp.com/docs/misc/ACCP_PAPCC_Response_2-28-14.pdf).

ACCP's decision was not made lightly. After careful deliberation, the Board of Regents concluded that withdrawing our initiative, which has involved a substantial commitment of time, financial resources, and leadership analysis, would amount to abandoning the best interests of our members.

ACCP Perspectives

The College's Medicare Benefit Initiative is intrinsically different from H.R. 4190 in that it addresses a different service (CMM) delivered by qualified clinical pharmacists to a different patient population (i.e., not only to the medically underserved). We have argued that the two proposals need not be considered competitive, but instead are complementary, just as Part D MTM (medication therapy management) can coexist with a Part B CMM benefit.

ACCP also believes that its proposal and the PAPCC bill could be integrated, based on the recent state-level approach in California. According to the model employed in California's recently adopted legislation, all pharmacists would broadly be recognized as "providers," but those delivering team-based CMM services would be required to meet a set of minimal qualifications (similar to the qualifications outlined in the ACCP initiative) to be recognized by the state of California as an "Advanced Practice Pharmacist."

As ACCP has made clear, our Medicare initiative is not about the pursuit of provider status for pharmacists. Rather, it is an effort fully focused on the care (CMM) the clinical pharmacist will provide for the patient and the qualifications needed to deliver that care. It is applicable to all Medicare Part B beneficiaries in all patient care settings. In contrast, the PAPCC uses a different approach that will likely result in significant resistance/opposition from the physician community because (1) the PAPCC strategy lacks any requirement that services be provided under collaborative practice agreements or in team-based environments and (2) the language used by the PAPCC to describe the potential covered services fails to mesh with the physician viewpoint (notably, "managing chronic conditions" is something physicians will certainly consider a major component of their own practices). These are among the concerns ACCP would seek to address, were it to become a member of the PAPCC.

The Bottom Line

As our response to the conditional invitation to join the coalition makes clear, ACCP would consider joining and supporting the new coalition if not required to abandon the College's own initiative. Of course, as a consideration before joining, ACCP would ask the coalition to address the concerns noted above.

That ACCP would be excluded from the PAPCC under the premise that it is advancing an initiative deemed "competitive" is perplexing. Regardless, the College remains committed to supporting the provision of care by qualified pharmacists to all patients, including the medically underserved. We believe there should be room for all pharmacy organizations to support both ACCP's current Medicare Benefit Initiative and other patient-focused legislative efforts that may emerge from other groups.

For more information, ACCP members should contact our Washington office at (202) 621-1820 or e-mail ACCP associate executive director Ed Webb (ewebb@accp.com) or director of government affairs John McGlew (jmcglew@accp.com).