



ACCP Advocacy in Action Newsletter



Connecting Evidence, Policy, and Advocacy to Advance Clinical Pharmacy



Washington, D.C. Office, Department of Government and Professional Affairs • 1455 Pennsylvania Avenue, NW, Suite 400 • Vol.3, No. 1; March 2024

ACCP Calls on Biden Administration to Address Pharmacoequity in Medicare

ACCP is calling on the Biden administration to include coverage for team-based comprehensive medication optimization services delivered by clinical pharmacists in the Fiscal Year 2024 Budget Request to Congress.

The Centers for Medicare & Medicaid Services (CMS) is the largest provider of health insurance in the United States, responsible for ensuring that more than 170 million individuals are supported by CMS programs (including Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplaces). In its [2022–2032 Framework for Health Equity](#), CMS states that it aims to identify and remedy systemic barriers to equity so that all persons it serves have a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Given the importance of pharmacotherapy in health care, equitable medication use is paramount to eliminating health disparities. Earlier this year, the Get the Medications Right Institute published a [statement](#) highlighting the importance of pharmacoequity to ensure that all patients – regardless of race, ethnicity, socioeconomic status, or availability of resources – are treated with the optimal medication regimen, have access to their medications, and can use their medications to manage their health conditions.

Lack of diversity in clinical trials suggests that treatments proven effective are not generalizable to or effective for all populations.¹ Furthermore, multiple studies have shown that racial and ethnic minorities are less likely to be prescribed newer pharmacologic agents and receive guideline-concordant care.² Clinical pharmacists are increasingly recognized as essential team members addressing medication therapy problems associated with social determinants of health to improve health outcomes.³ Incorporating CMM into the Medicare program is essential to achieving the goals of the Quintuple Aim for Health Care Improvement⁴ and has been shown to improve outcomes,⁵ increase patient satisfaction,⁶ improve physician work-life balance,⁷ and save money.⁸

Background to Medicare Medication Coverage

The Medicare Part D drug benefit successfully expanded Medicare to include prescription medications in the early 2000s. However, Medicare has never had a meaningful patient care benefit to ensure that expensive and complex prescription medications provide maximum value and contribute to optimal patient outcomes.

The time for that to change is now. ACCP supports the Biden administration's efforts to lower the cost of prescription drugs to patients and believes that medication optimization is just as important as – if not more important than – medication affordability. Integrating clinical pharmacists into Medicare patient-centered teams could achieve this critically important goal at a national level.

ACCP's Recommendation

Medication misuse is estimated to account for at least \$528.4 billion in unnecessary health care spending annually. Comprehensive medication management (CMM) has been shown to improve outcomes, increase patient satisfaction, improve physician work-life balance, and save money.

CMM is a well-established standard of care in the nation's leading private sector health systems, including Geisinger, Kaiser Permanente, Mayo Clinic, and Johns Hopkins. The Veterans Health Care system has systematically integrated clinical pharmacist specialists into PACTs (Patient Aligned Care Teams) to significantly improve patient outcomes for a range of chronic conditions.

CMM provided by clinical pharmacists, in close collaboration with physicians, is a critically important step to help ensure medication therapy is fully optimized, contributing to better care, lower costs, improved outcomes, and enhanced equity.

[Click here](#) to read ACCP's December 2023 letter to the Biden administration calling for the inclusion of comprehensive clinical pharmacists' services in the 2024 Budget Request to Congress.

References

1. Flores LE, Frontera WR, Andrasik MP, et al. Assessment of the inclusion of racial/ethnic minority, female, and older individuals in vaccine clinical trials. *JAMA Netw Open* 2021;4:e2037640.
2. Essien UR, Holmes DN, Jackson LR II, et al. Association of race/ethnicity with oral anticoagulant use in patients with atrial fibrillation: findings from the Outcomes Registry for Better Informed Treatment of Atrial Fibrillation II. *JAMA Cardiol* 2018;3:1174-82.
3. Cobb CD, Allen SN, Cusimano JM, et al. Social determinants of health in people living with psychiatric disorders: the role of pharmacists. *Health Equity* 2023;7:223-34. Available at <http://online.liebertpub.com/doi/10.1089/heq.2022.0189>.
4. Itchhaporia D. The evolution of the quintuple aim: health equity, health outcomes, and the economy. *J Am Coll Cardiol* 2021;78:2262-4.
5. Cobb CD. Optimizing medication use with a pharmacist-provided comprehensive medication management service for patients with psychiatric disorders. *Pharmacotherapy* 2014;34:1336-40.
6. Brummel A, Lustig A, Westrich K, et al. Best practices: improving patient outcomes and costs in an ACO through comprehensive medication therapy management. *J Manag Care Spec Pharm* 2014;20:1152-8.
7. Haag JD, Yost KJ, Kosloski Tarpinning KA, et al. Effect of an integrated clinical pharmacist on the drivers of provider burnout in the primary care setting. *J Am Board Fam Med* 2021;34:553-60.
8. Chung TH, Hernandez RJ, Libaud-Moal A, et al. The evaluation of comprehensive medication management for chronic diseases in primary care clinics, a Texas delivery system reform incentive payment program. *BMC Health Serv Res* 2020;20:671.

ACCP-PAC Election Year Outlook: Extending the Frontiers of Clinical Pharmacy through Political Advocacy

ACCP-PAC is the political voice of the clinical pharmacy discipline. It is the only federal political action committee dedicated specifically to advancing the practice of clinical pharmacists and the care of their patients. In this pivotal presidential election year, ACCP-PAC is active in its bipartisan support for members of Congress who will work to advance coverage for comprehensive clinical pharmacy services as an integrated Medicare benefit.

Through your support for ACCP-PAC, the College can attend fundraising events that provide a unique setting to educate representatives and senators about the essential work of clinical pharmacists in improving medication outcomes on behalf of patients.

ACCP-PAC recently attended an event hosted by U.S. Senator Peter Welch (D-VT), who was first elected to the Senate in 2022. After the fundraising event, ACCP

scheduled a productive meeting with Welch's top health policy adviser to discuss the outlook for Medicare reform legislation in the remainder of the 118th Congress.



ACCP's Director of Government Affairs, John McGlew (right), discusses Medicare payment reform efforts with Senator Welch at a 2022 Capitol Hill event.

About Senator Peter Welch

Welch has served as the representative for Vermont's single congressional district since 2007 and [comfortably won](#) the 2022 U.S. Senate election in Vermont to succeed retiring Senator Patrick Leahy.

In the House of Representatives, Welch served on the Energy and Commerce Committee, where he was recognized as a leader on Medicare reform issues. He previously introduced the [Better Care, Lower Cost Act](#), aimed at improving care for chronically ill Medicare beneficiaries and reforming the fee-for-service system to facilitate team-based care that helps patients achieve their clinical goals.

In 2016, Welch hosted a congressional briefing on behalf of ACCP titled [“Getting the Medications Right’: An Essential Ingredient in Achieving the Goals of H.R. 4878 – the Medicare Better Care, Lower Cost Act.”](#) At the briefing, ACCP arranged for a pharmacist-physician panel to travel from Vermont to present on care delivery approaches to achieving medication optimization through formalized interprofessional practice structures composed of physicians and other health professionals providing direct patient care in collaboration with clinical pharmacists. This approach is recommended to Congress as essential for “getting the medications right” for patients, particularly those with complex and/or multiple chronic conditions and care needs.

Advancing Telehealth Legislation

In 2021, Welch, together with five other representatives, introduced the [Creating Opportunities Now for Necessary and Effective Care Technologies \(CONNECT\) for Health Act](#). This bipartisan and bicameral package aims to help expand access to important telehealth services that can lower health costs and make health care more efficient for patients. In introducing the legislation, Welch stated:

Underserved areas in both rural and urban communities desperately need cost-effective solutions to address the gap in health services. This bipartisan bill will bridge that gap by expanding telehealth to improve quality of care, increase access and reduce costs across America. This bill is a commonsense step to make sure that our policies keep pace with our technology.

About ACCP-PAC

ACCP's Political Action Committee (PAC) allows the College to participate in political campaign activities that strengthen its relationships with key policymakers on Capitol Hill. Providing financial support to influential leaders helps raise the profile of clinical pharmacy and demonstrates ACCP's ideological commitment to its core mission.

To maximize our impact, we must be strategic in targeting our limited resources on the health policy leaders best placed to advance our agenda. Here's how ACCP's leaders decide who should receive financial support.

Consistent with all of ACCP's initiatives, ACCP-PAC is member driven and is managed by a [Governing Council](#), which is responsible for decisions related to how PAC money is spent.

- ACCP-PAC is nonpartisan, committed to working with health policy leaders across all political parties and ideologies.
- ACCP-PAC supports candidates on the basis of their alignment with ACCP's mission to advance the profession and improve human health through research, training, and education.
- ACCP-PAC strategically targets members of Congress who sit on committees with jurisdiction over health care. In the Senate, ACCP-PAC primarily supports members on the Finance Committee and the Health, Education, Labor and Pensions (HELP) Committee. In the House, ACCP-PAC focuses on those who sit on the Ways and Means Committee and the Energy and Commerce Committee.

ACCP-PAC is committed to transparency – all contributions are reported to the [Federal Election Commission](#), and the information is available to the public.

Outlook for ACCP-PAC in 2024

Despite the well-documented political dysfunction in Washington, ongoing conversations with congressional leaders continue to demonstrate solid, fundamental support on Capitol Hill for the core policy driving ACCP's effort to establish Medicare coverage for clinical pharmacists' services that optimize medication use for patients.

Looking ahead to the remainder of the 118th Congress and the 2024 presidential election, ACCP has an opportunity to raise its profile on Capitol Hill by providing financial support for policymakers who work with the College to advance its issues. It is vital that ACCP provide support for its friends in Congress so that these leaders remain in Washington to advance policies that meaningfully address the health care issues the nation currently faces.

PAC contributions are a constitutionally protected part of the U.S. political system under the First Amendment's guarantee of free speech. ACCP-PAC is the only means through which the College can provide financial support for candidates for Congress. With its almost 17,000 members, ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, the College needs the widespread support of its members. If each ACCP member contributed just \$25, ACCP-PAC would raise over \$400,000. All ACCP members should consider contributing least \$25 to ACCP-PAC. [CLICK HERE](#) to support your PAC today!

ACCP Advocacy Action Alert! Urge Congress to Permanently Maintain and Enhance Telehealth Flexibility

The growth of telehealth services during the pandemic [rapidly opened new opportunities](#) for patients to access vital health care services, particularly for those in rural or medically underserved areas. ACCP endorsed the [CONNECT for Health Act of 2023](#) to expand coverage of telehealth services through Medicare, make permanent COVID-19 telehealth flexibilities, improve health outcomes, and make it easier for patients to connect with their providers.

**ACCP Advocacy
Action Alert!**

Tell Congress
to Pass This Bill

Pediatrics & Perioperative Care Win the 2023 ACCP-PAC PRN Challenge!

Congratulations to the winners of the 2023 ACCP-PAC PRN Challenge:

- **Pediatrics PRN: Total Dollars Raised**
- **Perioperative Care PRN: Percentage of Participating PRN Members**

The winning PRNs will receive coveted preferential time slots for their business meetings at the 2024 ACCP Annual Meeting.

ACCP-PAC would also like to thank everyone who was able to join us for the PAC Captains Breakfast at the 2023 ACCP Annual Meeting in Dallas. We are excited about this renewed effort to develop a core of focused leaders to drive participation in our advocacy efforts.

Positioning and Advancing Clinical Pharmacists Practicing in Substance Use Disorder Treatment

One of ACCP's top legislative priorities – as approved by the ACCP Board of Regents in the College's [Advocacy Platform](#) – involves increasing patient access to comprehensive clinical pharmacy services for managing mental health and addiction. ACCP is currently exploring opportunities on Capitol Hill and across different regulatory agencies to increase access to team-based clinical pharmacy services for patients receiving substance use disorder (SUD) treatment.

SUPPORT Act on Capitol Hill

Working with its partners at the American Society of Addiction Medicine (ASAM), ACCP recently participated in a stakeholder [initiative](#) to advance [H.R.4531, the Support for Patients and Communities Reauthorization \(SUPPORT\) Act of 2023](#).

The SUPPORT Act builds on landmark 2018 legislation that contained important funding for community-based treatment and recovery programs, including a requirement that state Medicaid programs cover all three FDA-approved medications for opioid use disorder (MOUD) – buprenorphine, methadone, and naltrexone.

A Senate [companion bill to the SUPPORT Act](#) is currently under consideration by the Senate Committee on Health, Education, Labor and Pensions (HELP). ACCP will continue to work with its stakeholder partners throughout the remainder of the 118th Congress to ensure the bill's passage into law.

Reauthorization of the SUPPORT Act includes important new provisions aimed at addressing challenges that have emerged since passage of the original legislation. The new provisions would:

- Permanently place xylazine in Schedule III of the Controlled Substances Act while maintaining access for veterinarians and ranchers to use in animals
- Provide resources for training and education related to fentanyl and other illicit substances for first responders, particularly in rural areas
- Renew support for individuals in SUD treatment and recovery to live independently and participate in the workforce
- Protect mothers and infants by reauthorizing resources for residential SUD treatment for pregnant and postpartum women
- Ensure Medicaid beneficiaries have access to MOUD

[Click here](#) to review a section-by-section summary of H.R.4531 from the House Committee on Energy and Commerce.

[Click here](#) to read the text of the bill.

[Click here](#) for a summary of the Energy and Commerce Health Subcommittee field hearing on the SUPPORT Act in Gettysburg, Pennsylvania.

Addiction Recovery Medical Home Alternative Payment Model (ARMH-APM)

ACCP is also working closely with its partners at the Alliance for Addiction Payment Reform. The Alliance is a national multisector alliance of health care industry leaders – including payers, health systems, and subject matter experts – dedicated to aligning incentives and establishing a structure that promotes the type of integration and patient care capable of producing improved outcomes for patients, payers, and health systems.

The Alliance has developed the Addiction Recovery Medical Home (ARMH) model, an alternative payment model (APM) engineered to provide patients with a long-term, comprehensive, and integrated pathway to treatment and recovery. Of importance, the APM specifically includes clinical pharmacists in its [model care recovery team](#).

Thanks to this ongoing partnership, the Alliance has also published an [Issue Brief: Coordinated and Comprehensive Medication Management in Substance Use Disorder Treatment and Recovery](#). The publication states that clinical pharmacists are responsible for comprehensive medication management (CMM) in team-based patient care environments and that medication plans for CMM that are led by a clinical pharmacist as part of an interdisciplinary team must include clear and measurable goals of therapy with specific follow-up time intervals to ensure optimal medication use and outcomes.

ACCP Task Force on Opioid Use Disorder

Within ACCP, the Task Force on Opioid Use Disorder – led by Paul Stranges, Pharm.D., FCCP, BCACP (chair), and Kathleen Adams, Pharm.D., BCPS (vice chair) – is currently developing an important new ACCP commentary that examines clinical pharmacists’ contributions to the management of OUD. This highly anticipated paper will be an important advocacy tool in ACCP’s communications on Capitol Hill and with other key stakeholders.