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February 27, 2025

The Honorable Brett Guthrie
Chairman
Committee on Energy & Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Guthrie:

As the Committee looks for ways to realize the \$880 billion in savings called for under the terms of the House Budget resolution (H. Con. Res. 14), the American College of Clinical Pharmacy urges you to pass legislation to cover team-based comprehensive clinical pharmacy services in Medicare. This one simple step will help reduce the enormous amount of wasteful spending attributed to medication misuse each year. ACCP stands ready to work with the committee to achieve this goal.

As you know, ACCP is the preeminent organization representing clinical pharmacists and the patients for whom they care. Our 16,000 members are experts in the complex medications and medication regimens that are a part of today's modern healthcare system. They work every day with patients, physicians and other health providers to ensure that medications are prescribed, dosed and utilized safely and effectively for the best clinical outcomes.

However, while prescription medication has long played a vital role in healthcare maintenance and treatment, due to a lack of coordination across health care teams, too often those medications are not fully "optimized" for a patient's specific health circumstances. As a result, over half a trillion dollars a year, \$528 billion, is consumed due to non-optimized medication use – the equivalent of 16 percent of total health care spending.¹ This wasteful spending simply must be eliminated if the country is to establish a viable, sustainable path forward for our country's healthcare future.

Fortunately, there is a solution to help address the massive and costly "medication misuse" problem. ACCP proposes Medicare coverage for **comprehensive clinical pharmacy services** -- direct patient care services provided by clinical pharmacists working as formal members of the patient's physician-led health care team.²

Through empirical peer-reviewed studies, as well as everyday practice, these services have been shown to significantly improve clinical outcomes and enhance the safety of patients' medication use. For example, a three-year non-randomized clinical study to evaluate the impact of comprehensive medication management (CMM) services in older patients (ages 65-80 years) with established cardiovascular disease, resulted in better

¹ Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. *Ann Pharmacother*. 2018 Sep;52(9):829-837. doi: 10.1177/1060028018765159. Epub 2018 Mar 26. PMID: 29577766.

² American College of Clinical Pharmacy. Standards of practice for clinical pharmacists. *JAm Coll Clin Pharm*. 2023;1-4. doi:10.1002/jac5.1873

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care and better outcomes for patients, and a demonstrated cost reduction achieved through reduced hospital admissions and unplanned primary care visits.³

In California, an assessment of the impact on actual medical claims of a novel artificial intelligence (AI) platform that provides decision support to clinical pharmacists performing medication optimization services to high-risk Medicaid patients found that California's Medicaid (Medi-Cal) program could save more than \$1B annually by applying the program's observed impact to a similar high-risk cohort (about 1.6%) of Medi-Cal members.⁴

In Texas, a state-wide healthcare delivery system incentive-based payment reform program delivering comprehensive clinical pharmacy services to over 3,000 patients suffering from at least one chronic condition, resulted in over \$1 million savings.⁵

Despite the acceptance and coverage of comprehensive clinical pharmacy services in top-tier integrated healthcare systems like the Mayo Clinic, Kaiser Permanente, the U.S. Veterans Affairs health program, and others, Medicare does not cover this care. Adding coverage for these services will help address the staggering human and financial cost of medication misuse from which our country suffers. In our view, this needs to be a top priority as the committee drafts legislation to improve and reform our health care system.

ACCP appreciates your attention to our recommendation. We are certain that tackling the Nation's unacceptably high medication misuse problem through Medicare coverage of comprehensive clinical pharmacy services will help improve and modernize the Medicare program -- while also helping fulfill the committee's obligations under the House Budget resolution.

Should you have any questions, please don't hesitate to contact me.

Sincerely,



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Cc: The Honorable Earl "Buddy" Carter, Chairman, Health Subcommittee, Committee on Energy & Commerce

³ Brajkovic A, Bosnar L, Gonzaga do Nascimento MM, et al. Healthcare utilization and clinical outcomes in older cardiovascular patients receiving comprehensive medication management services: A nonrandomized clinical study. *International Journal of Environmental Research and Public Health*. 2022;19:2781. doi: 10.3390/ijerph19052781

⁴ Kessler S, Desai M, McConnell W, et al. Economic and utilization outcomes of medication management at a large Medicaid plan with disease management pharmacists using a novel artificial intelligence platform from 2018 to 2019: a retrospective observational study using regression methods. *J Manag Care Spec Pharm*. 2021;27(9):1186-96

⁵ 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 Services Research*. 2020; 20:671. doi: 10.1186/s12913-020-05537-3