



December 12, 2023

The Honorable John Thune
United States Senate
Washington, DC 20510

The Honorable Mark Warner
United States Senate
Washington, DC 20510

The Honorable Adrian Smith
United States House of Representatives
Washington, DC 20515

The Honorable Larry Bucshon
United States House of Representatives
Washington, DC 20515

The Honorable Doris Matsui
United States House of Representatives
Washington, DC 20515

The Honorable Bradley Schneider
United States House of Representatives
Washington, DC 20515

The Honorable Earl L. "Buddy" Carter
United States House of Representatives
Washington, DC 20515

The Honorable Diana Harshbarger
United States House of Representatives
Washington, DC 20515

Dear Senators Thune and Warner and Representatives Smith, Bucshon, Matsui, Schneider, Carter and Harshbarger:

On behalf of the American College of Physicians (ACP), I write to express our concerns with the Equitable Community Access to Pharmacist Services Act, H.R. 1770/ S. 2477, which would expand Medicare coverage to permanently include select services provided by a pharmacist. While we appreciate the unique role that pharmacists play in improving patients' access to care, we are concerned that this bill could lead to potential unintended consequences that could result in fragmented care and poor health outcomes for patients.

The importance of patient access to physician-led care cannot be overstated. Non-physician practitioners, including pharmacists, are essential members of the care team and can provide quality patient care as part of a physician-led team. Physicians work closely with pharmacists to ensure that we prescribe medications that are safe, effective, and appropriate for patients. However, physicians are uniquely qualified among all health care professions to ensure that patients receive high quality, evidence-based care. This is based on the rigorous and extensive education, training, and examination process, that every physician in the U.S. must complete before being licensed to provide unsupervised patient care. A [recent survey](#) of U.S. voters showed that 95 percent said it is important for a physician to be involved in their diagnosis and treatment decisions. Team-based care requires leadership, and physician expertise is widely recognized as integral to quality medical care.

Pharmacists played an expanded and critical role during the COVID-19 public health emergency (PHE), after receiving additional federal authority, administering COVID-19 vaccines and diagnostic testing. The pandemic has shown that it may be necessary and appropriate to temporarily allow some expanded responsibility during times of crisis, but this should not be seen as a universally appropriate approach to treating other conditions, such as strep throat and influenza. We strongly support arrangements where the pharmacist is part of an integrated, team-based approach to care, such as a patient-centered medical home (PCMH).

ACP has strong concerns that this bill has the potential to undermine the physician-led team-based care models that have proven to be most effective in improving quality, efficiency, and most importantly, patient health. Fragmentation of care remains one of the biggest challenges in our health care system. Granting independent diagnosis and prescription authority for pharmacists to treat the flu, COVID-19, strep throat, and other similar conditions without coordinating with a physician, who is trained to provide comprehensive care, will only exacerbate health disparities and disrupt the continuity of care.

There is also a lack of sufficient data and research to demonstrate that the bill's proposal to expand the scope of practice for pharmacists will not have adverse impacts on patient outcomes and safety. In the short-term, there is the risk of inaccurate diagnosis. In the long-term, increased care fragmentation and reduced utilization of comprehensive care puts patients at risk of delayed diagnosis of more serious illnesses. Pharmacists do not possess the training, experience, or knowledge that physicians have to provide comprehensive medical care, health maintenance, and preventive services for a range of medical and behavioral health issues. Many patients, especially those with chronic conditions, require follow-up care and management services that primary care physicians are appropriately trained to provide.

Furthermore, there is still limited electronic health record (EHR) collaboration between primary care and pharmacies. Pharmacists frequently lack access to a patient's full medical records and have limited exposure on patient history, physical exams, differential diagnoses, and testing. This means that they would be granted ability to provide medical treatment without the critical knowledge needed to make informed and appropriate decisions for each individual patient. Congress should invest in efforts to improve information sharing between pharmacists and primary care physicians and eliminate barriers to patient access to comprehensive primary care.

Further, Congress should invest in the PCMH and other efforts to improve collaboration and team-based care models – consistent with the [Joint Principles of the Patient-Centered Medical Home](#). In a collaborative environment, the pharmacist is a logical member of a team. Although pharmacists should not independently diagnose, they are qualified to deal with issues of medication use, medication tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments.

The College strongly believes that patients are best served when their care is provided by an integrated practice care team led by a physician. We are concerned that this bill conflicts with this approach to health care delivery and could result in patients forgoing comprehensive

preventive care, which could lead to worse health outcomes for patients and increased health costs.

Thank you for your consideration of our concerns with H.R. 1770/ S. 2477. If you have questions, please contact please do not hesitate to contact Vy Oxman, Senior Associate of Legislative Affairs at 202-261-4515 or via email at voxman@acponline.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Omar Atiq". The signature is written in a cursive, slightly slanted style.

Omar T. Atiq, MD, MACP
President