



July 14, 2009

The Honorable Charles Rangel
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Dave Camp
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Rangel and Ranking Member Camp:

The Diabetes Access to Care Coalition (DACC), a coalition of patient advocates, providers, suppliers and manufacturers of diabetes testing supplies, is writing to express our strong support for H.R. 1970, the Preserve Patient Access to Reputable DMEPOS Providers Act, and H.R. 616, the Access to Durable Medical Equipment Act. These bills are essential to protect Medicare beneficiaries' access to their necessary diabetes testing supplies from their trusted community pharmacies. Community pharmacies and pharmacists are well positioned to assist Medicare beneficiaries with their diabetes testing supply needs, their questions, and to assist them with the proper use of these items and supplies.

A recent study showed that nearly two-thirds of older patients with diabetes obtain their diabetes test strips from retail-based community pharmacies.ⁱ Pharmacist-provided counseling and services for patients with diabetes have been shown to result in clinically significant improvements in health outcomes for patients with diabetes by improving patient compliance and adherence to their diabetes treatment regimens.ⁱⁱ Disrupting a beneficiary's relationship with their community pharmacists is ill-advised in view of pharmacists' important role in promoting patient adherence and improving healthcare outcomes.

H.R. 1970 seeks a conditional exemption for pharmacies from the requirement to have a surety bond to provide Medicare Part B durable medical equipment, orthotics, prosthetics, and supplies (DMEPOS) and Part B drugs to Medicare beneficiaries. Pharmacies were not exempted from the surety bond as were most other healthcare providers.

We also express our firm support for H.R. 616 that seeks a conditional exemption for pharmacies and pharmacists from the requirement to be accredited to provide DMEPOS to Medicare beneficiaries. Pharmacies and pharmacists are the only licensed healthcare professionals that CMS did not conditionally exempt from the accreditation requirement.

ⁱ Health Policy R&D, Medicare's New Competitive Acquisition Program for Durable Medical Equipment: Policy Considerations Involving Beneficiaries with Diabetes, Community-Based Retail Pharmacies and Blood Glucose Monitoring, Washington, DC, January 2006.

ⁱⁱ Pharmacy Times, *The Asheville Project: A Special Report* (October, 1998) available at <http://www.pharmacytimes.com/files/articlefiles/TheAshevilleProject.pdf> (accessed June 22, 2009); See also <http://www.centervbhm.com/bp/diabetesashevilleproject.html> (accessed June 22, 2009)

It is critical that these bills be addressed as part of healthcare reform legislation or through another legislative vehicle by September 2009 due to the quickly approaching October implementation dates. If they are not enacted into law prior to October 1, pharmacies will be required to meet these accreditation and surety bond requirements that are overly burdensome. To comply with the surety bond requirements, pharmacies will need to obtain \$50,000 surety bonds per pharmacy location on an annual basis in order to continue providing DMEPOS and dispense Part B medications to Medicare beneficiaries. According to CMS' own estimate, over 25,000 suppliers will exit the Medicare program due to the surety bond and accreditation requirements. Since community pharmacies as a category represent the largest share of the total Medicare suppliers, unfortunately that number likely includes many community pharmacies who will find these requirements to be cost prohibitive and result in reduced access to diabetes testing supplies for patients.

These requirements threaten patient access to critical healthcare supplies and services, particularly for the most vulnerable populations with chronic diseases such as diabetes. Management of diabetes requires careful monitoring of blood glucose, often several times a day. Pharmacists play an important role in helping beneficiaries select optimal monitors and correct testing supplies for use with those monitors during their face-to-face counseling sessions. If patients are not compliant with their prescribed and/or access to life-saving products and pharmacists' counseling is reduced, patients may experience devastating health consequences.

Community pharmacies not only help mitigate the impact of chronic diseases such as diabetes, but through the following already existing rules and licensure requirements, they also help enhance the integrity of the Medicare program. State boards of pharmacy establish rules for pharmacy operations and criteria for revocation of such privileges. In addition, each pharmacist employed by a community pharmacy must graduate from an accredited school of pharmacy and be licensed in the state where they practice. Pharmacists are also subject to sanctions by their state boards of pharmacy for wrongdoing. These characteristics obviate the need to require accreditation or surety bonds from licensed pharmacies.

For all these reasons, we urge your support for these narrowly tailored bills that will protect patient access to necessary diabetes testing supplies.

Sincerely,

Abbott Diabetes Care
American Association of Diabetes Educators
Bayer Healthcare Diabetes Care
CVS Caremark Corp.
LifeScan, Inc.
National Association of Chain Drug Stores
National Community Pharmacists Association
Rite Aid
Roche Diagnostics Corporation