

November 28, 2011

The Honorable Kathleen Sebelius, Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Essential Health Benefits (EHB) and IOM Report

Dear Secretary Sebelius:

Following the recent release of the Institute of Medicine's Report on Essential Health Benefits, the National Community Pharmacists Association (NCPA) would like to share some of our thoughts and suggestions regarding two of the ten categories of health benefits required under Section 1302(b)(1) of the Affordable Care Act; prescription drugs and chronic disease management. NCPA represents America's independent community pharmacists, including the owners of more than 23,000 community pharmacies, pharmacy franchises and chains. Together, they employ over 300,000 full-time employees and dispense nearly half of the nation's retail prescription medicines.

NCPA was encouraged to note the inclusion of prescription drugs as one of the ten categories of essential benefits required under the ACA. Making sure that patients have access to needed medications is one way to effectively control chronic medical conditions and stave off costly downstream medical interventions or emergency room visits. Community pharmacies represent the most accessible point in patient-centered health care. Consumers do not need an appointment to speak with a pharmacist about prescription medication, over-the-counter products or any other health-related concern. This access can be particularly helpful to patients who are dealing with more than one chronic condition and help such patients remain adherent to their drug regimens.

Patients Should Be Able to Receive Prescription Drugs from Their Community Pharmacy— No Mandatory Mail Order

NCPA would like to take this opportunity to emphasize the fact that all patients should have the option to receive their prescription medication from a community pharmacy, and reap the benefits of face-to-face interaction with a pharmacist. It is important to note that access to prescription medication and pharmacy services should not be equated with access to prescription drugs only via mail order pharmacy services. There seems to be a perception that mail order pharmacy is a tested technique that has been used to drive down costs. This simply is not true. There are a myriad of reasons why mail order pharmacy is simply not appropriate for all patients or their medical conditions. Mail order pharmacy is not appropriate for certain patient populations, such as the elderly, or for medications that are designed to treat acute conditions or are temperature sensitive.

100 Daingerfield Road
Alexandria, VA 22314-2888
(703) 683-8200 **PHONE**
(703) 683-3619 **FAX**

NCPA was also pleased to note that another one of the ten categories of essential benefits required under the ACA is preventative and wellness services and chronic disease management. Pharmacists are increasingly gaining recognition for the integral role that they play in encouraging preventative care and promoting wellness, given their subject matter expertise and access to the communities in which they serve. In addition, pharmacists frequently provide medication therapy management services. Pharmacists provide a comprehensive analysis of a patient's current regimen of medications and work with the prescriber and patient to ensure 1) that the patient is achieving the optimal results of his or her therapies and 2) that there are no dangerous or contraindicated interactions.

Pharmacists Should Be Accepted Providers of Preventative/Wellness Services

Just as the practice of medicine has undergone a change in focus from the treatment of disease states to preventative care, pharmacy has gone from an emphasis on medication dispensing to one of effective medication use and achieving optimal patient outcomes. In addition, community pharmacies represent the most accessible point in patient-centered health care with 92% of Americans located within five miles of a retail pharmacy. Typically, consumers do not need an appointment to talk with a pharmacist in a community pharmacy about prescription medications, over-the-counter products or any other health-related concern. The accessibility of the community pharmacist as well as the close tie that exists between many pharmacists and members of the community is critical, especially in rural or very urban areas in which consumers may not have sufficient access to medical care.

Today, pharmacists routinely provide a wide array of preventative services for patients, including blood pressure and cholesterol screening, tobacco cessation and obesity-related counseling and intervention as well as routine immunizations. Pharmacists are now authorized to administer most routine immunizations based on various criteria in all fifty states. Many Medicare beneficiaries currently receive their annual flu and pneumonia vaccinations each year from a pharmacist. These are covered under Medicare Part B while other vaccinations provided by pharmacists are reimbursed under Part D.

Pharmacist-Provided Medication Therapy Management (MTM) Should Be Specifically Included Under Chronic Disease Management

The New England Healthcare Institute (NEHI) has estimated that medication-related problems including poor adherence impose as much as \$290 billion in annual costs, or 14 percent of healthcare expenditures. These costs include emergency room visits, hospitalizations and other preventable forms of care. Pharmacist-provided MTM can prevent many of these adverse effects and ensure that patients with chronic conditions remain adherent to their recommended drug regimes.

Pharmacists are currently providing MTM to patients in all patient care settings, as part of a team-based approach to care, as advocated by the Institute of Medicine. Pharmacists are successfully delivering MTM through state-based Medicaid programs, Medicare Part D programs, self-insured employers, and other private sector groups. These programs provide tangible examples of pharmacists providing MTM to improve lives and reduce the costs associated with patients with chronic conditions.

With the passing of the Medicare Modernization Act (MMA) in 2003, all Medicare Advantage and Prescription Drug Plan providers offering Medicare Part D benefits are now required to provide MTM services to those beneficiaries with multiple chronic diseases that are taking multiple Part D covered drugs and whose drug expenditures are expected to exceed a certain level. MMA included pharmacists in the specified group of providers that are authorized to provide these services in recognition of their unique expertise in this area.

Conclusion

NCPA is pleased to note the inclusion of prescription drugs in the list of essential benefits required under ACA, but would like to reiterate that patients should have a choice as to where and from whom they obtain their prescription medications. Adequate access to prescription medications should not be equated with access to the use of a mail order pharmacy. Patients should certainly be able to use the services of a mail order pharmacy if they so choose, but should not be forced to do so or penalized for choosing to utilize their community pharmacy of choice. Likewise, NCPA is pleased to note the inclusion of preventative and wellness services and chronic disease management in the list of required essential benefits. Pharmacists are both fully qualified to provide all of these services and as providers would provide a cost effective option for health plans and could expand consumer access to these services as well.

Thank you for your consideration of this matter.

Sincerely,



John M. Coster, Ph.D., R.Ph.
Senior Vice President, Government Affairs

cc: Michael Hash, Office of Healthcare Reform