

## **CMS FORCES REDUNDANT ACCREDITATION FOR COMMUNITY PHARMACY**

**Congressmen Berry (D-AR) and Moran's (R-KS) bill, H.R. 616, and  
Senator Brownback (R-KS) and Tester's (D-MT) bill, S. 511, Preserve Patient Access**

Community pharmacists are the only licensed medical professionals that must meet new CMS accreditation requirements as Medicare suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS).

Congress should pass S. 511 and H.R. 616 to ensure that pharmacists are treated equally with all other licensed medical professionals, thereby preserving patient access.

### **The CMS requirement is redundant, unnecessary, and unfairly targets community pharmacists:**

- Community pharmacists are subject to oversight and regulation both as state-licensed medical professionals and as state-licensed businesses. These regulations already carry civil and criminal sanctions for violations.
- In September 2008, CMS **exempted** the following medical professionals from Accreditation:

Physicians	Occupational Therapists	Physician Assistants
Physical Therapists	Nurse Practitioners	Clinical Nurse Specialists
Certified Nurse-Midwives	Clinical Social Workers	Registered Dietitians
Nutritional professionals	Clinical Psychologists	Prosthetists
Audiologists	Orthotists	Opticians
Qualified Speech-Language Pathologists		Certified Registered Nurse Anesthetists
- CMS offers no valid reason why state-licensed pharmacists should not also receive this exemption.
- Initial accreditation fees and training, education and implementation costs will total at least \$5,500-\$7,000 for a three-year period –paid at the start of the first year -- with an additional \$500 in annual maintenance costs in years two and three.
- All pharmacies must meet these expenses simply to obtain a Part B supplier number so that they can continue to help their patients with their DMEPOS needs.
- Only 6% -8% of an average independent pharmacy's annual sales come from DMEPOS. With the low margin on those supplies, many independents could be forced out of the program.

### **The CMS requirement will hurt patient access:**

- DMEPOS provided by pharmacists includes: diabetes test supplies, canes, walkers, wheelchairs, portable commodes, compression hose, mastectomy prosthetics, neck and body orthotics, wound care, and other products and services vital for patients.
- Many community pharmacies may discontinue DMEPOS service due to these new cost requirements.
- Community pharmacists are the trusted, primary source for beneficiaries to receive DMEPOS supplies, counsel, and training on the effective use of DMEPOS to achieve the best health outcomes.
- Beneficiaries in underserved areas will be forced to travel dozens of additional miles for supplies and expert advice previously obtained closer to home.
- Ironically, the new CMS DMEPOS regulations will pressure Medicare patients towards mail order and internet operations, where fraud might be most prevalent.

CMS should expel and prosecute fraudulent suppliers instead of imposing unnecessary costs upon legitimate licensed medical professionals that are helping patients. Pharmacists should be exempted from the new CMS accreditation requirement to ensure patients have continued access to quality care.

**We urge Congress to pass H.R. 616 & S. 511 to preserve patient access to DMEPOS and related services**

Contact: NCPA Government Affairs, 703-683-8200