



NCPA Urges Equal Treatment for Pharmacists

By Michael F. Conlan

Legislation that would put pharmacists on a par with 17 other health professions by exempting them from a time consuming, costly, and redundant Medicare accreditation process attracted more than 20 bipartisan supporters in the House of Representatives when it was first introduced in the House.

The Centers for Medicare & Medicaid Services wants to require pharmacists to be accredited to serve Medicare patients needing durable medical equipment, prosthetics, orthotics and supplies. However, Reps. Marion Berry (D-Ark.) and Jerry Moran (R-Kan.) are the lead sponsors of H.R.616, which would exempt pharmacists from the Medicare Part B requirement. They have been joined so far by Reps. Robert Aderholt (R-Ala.), Rodney Alexander (R-La.), Sanford Bishop (D-Ga.), Roy Blunt (R-Mo.), Rick Boucher (D-Va.), Bruce Braley (D-Iowa), Ben Chandler (D-Ky.), Jo Ann Emerson (R-Mo.), Sam Graves (R-Mo.), Parker Griffith (D-Ala.), Doc Hastings (R-Wash.), Walter Jones (R-N.C.), Tom Latham (R-Iowa), Michael McMahon (D-N.Y.), Cathy McMorris Rodgers (R-Wash.), Patrick Murphy (D-Pa.), Ron Paul (R-Texas), Mike Rogers (R-Ala.), Mike Ross (D-Ark.), Timothy Waltz (D-Minn.), and Robert Wexler (D-Fla.). (There were 57 co-sponsors by March 13.)

"Pharmacists have been unfairly singled out for this DMEPOS (durable medical equipment, prosthetics, orthotics, and supplies) accreditation rule, but patients will be the ones who truly lose out if this isn't changed," said NCPA Executive Vice President and CEO Bruce Roberts. Representatives Marion Berry and Jerry Moran, who are strong allies of community pharmacies, are offering a solution with H.R. 616. They understand the current policy could prevent patients, especially in underserved areas, from accessing medical supplies that help navigate health challenges such as controlling diabetes."

Community pharmacists possess professional train-

ing and expertise and are already subject to government regulation and oversight as state-licensed medical professionals and businesses, who will incur civil and criminal sanctions for violations. In addition, the accreditation fees, training, and implementation costs are projected to total at least \$5,000 to \$7,000, over three years, which is cost prohibitive for pharmacists. The requirement is therefore not only redundant; it's an unnecessary expense that will harm patient access to quality care.

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John M. Coster, PhD, RPh, is NCPA's new senior vice president of government affairs. Coster joins NCPA from Rite Aid, where he served as vice president of federal affairs and public policy. Previously he served as vice president of policy and programs for the National Association of Chain Drug Stores. He has also worked for former Sen. David Pryor (D-Ark.) on the staff of the U.S. Senate Special Committee on Aging, the Congressional Office of Technology Assessment, and served on the President Clinton's Task Force on Health Care Reform.

He has a BS in pharmacy from St. John's University in New York and a masters and PhD in policy sciences with a concentration in health from the University of Maryland. He is a licensed pharmacist in New York, Maryland, and Virginia. **ap**

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