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The Patient Access to Pharmacists' Care Coalition

Patient Access to Pharmacists' Care Coalition (PAPCC)

Recognition of Nurse Practitioners (NPs) and Physician Assistants (PAs): Precedent for Pharmacist Services under Medicare

History of NP and PA Provider Status Pursuit

Medicare has a history of recognizing services rendered by non-physician providers such as Nurse Practitioners (NPs) and Physician Assistants (PAs) in order to ensure beneficiary access to medically necessary care when facing physician shortages. When first covered by Medicare, through the Rural Health Clinic Act of 1977, NPs and PAs served to bridge access to patients in rural areas where lack of physicians compromised access. Initial coverage under Medicare was limited to Rural Health Clinics (RHCs) when PAs and NPs furnished services under the incident to criteria.

The utilization of both PAs and NPs were seen as addressing physician shortages in primary care. Their value outside of rural settings was acknowledged over time and the coverage of their services expanded over time, with full coverage of services established through the Balanced Budget Act (BBA) of 1997. The BBA expanded PA and NP coverage to include services deemed reasonable and necessary by Medicare and that PA and NPs were able to provide according to state law. The BBA also allowed PAs and NPs to bill the Medicare program directly for their services, at 85 percent of the physician fee schedule. "Incident to" billing was retained as an option.

Over time, acceptance of PA and NP practice was supported through physician experience, continued integration within care teams, expanded scope of service and evidence supporting equitable outcomes. In addition, the Office of Technology Assessment[i] and Institute of Medicine (IOM)[ii] both reported on the value of NPs and PAs. The Office of Technology Assessment findings, similar to other publications, stated that NP quality of care was equivalent to that of a physician. The IOM report detailed the productivity gains and cost-effectiveness of NPs and PAs and recommended federal support of these programs including reimbursement by Medicare, Medicaid, and other programs. Similarly, a 2011 report to the Surgeon General[iii] highlighted the acceptance of pharmacists as members of integrated healthcare teams and the benefits to health reform through pharmacists rendering patient care services.

Most recently, the Affordable Care Act continued to recognize the value of NPs and PAs in healthcare delivery. The ACA identified the importance of advance-practice nurses in new care delivery models as the goals of these models are to maintain or improve outcomes while maintaining or decreasing costs.

Background

Millions of Americans lack adequate access to primary health care and this is only expected to get worse as demand increases. Over the next two decades, the number of Medicare enrollees is expected to grow from roughly 50 million to over 80 million.[iv] In addition, approximately 45% of Americans have at least one chronic condition, and 27% have multiple chronic conditions, rates that are expected to continue to rise.[v] [vi] Further, the Congressional Budget Office (CBO) estimates that an additional 25 million individuals will potentially be gaining health coverage under the ACA. Factoring all of this in, the Association of American Medical Colleges projects that, by 2020, there will be more than 91,000 fewer physicians than needed to meet demand, and the impact will be most severe on underserved populations.

In the face of this anticipated shortage, pharmacists are conveniently accessible health care professionals who, in coordination and collaboration with other health care team providers, are capable of playing a greater role in the delivery of health care services. While pharmacists remain committed to assisting patients with access and information related to their prescription medications, pharmacists today are providing a broad spectrum of services, within their scope of practice, including conducting health and wellness testing, managing chronic diseases and performing medication management, administering immunizations, and working in and partnering with hospitals and health systems to advance health and wellness and helping to reduce hospital readmissions.

As was the case when NPs and PAs received Medicare coverage through the Rural Health Clinic Act of 1977, the need for pharmacists to act as a force multiplier on the care team is particularly acute in medically underserved communities.

About Us

The Patient Access to Pharmacists' Care Coalition's mission is to develop and help enact a federal policy proposal that would enable Medicare beneficiary access to, and payment for, Medicare Part B services by state-licensed pharmacists in medically underserved communities. Our primary goal is to improve medically underserved seniors' access to pharmacists' services consistent with state scope of practice laws and regulations.

Contact

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[i] Office of Technology Assessment. "Nurse Practitioners, Physician Assistants, and Certified Nurse-midwives: A Policy Analysis." Health Technology Case Study 37 OTA-HCS-37 (1986).

[ii] Division of Health Care Services, Institute of Medicine. "Nursing and Nursing Education: Public Policies and Private Actions." National Academy Press (1983).

[iii] Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

[iv] U.S. Congressional Research Service. Medicare Financing (R41436; September 19, 2013), by Patricia A. Davis

[v] Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000.

[vi] Anderson G. Chronic care: making the case for ongoing care. Robert Wood Johnson Foundation: Prince-ton (NJ); 2010. [cited 2011 Jan 19].