

## Patients Access to Pharmacists' Care Coalition (PAPCC)

### Pharmacist Scope of Services

#### Scope of Practice

Scope of practice, generally, refers to the boundaries within which a health professional may practice. For pharmacists, the scope of practice is established by state legislatures and regulated by a board or agency, most commonly the State Boards of Pharmacy.

#### 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 scopes 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.

In 48 states and the District of Columbia, pharmacists are authorized to enter into collaborative practice agreements with a physician or another prescriber, further expanding the services they are able to provide. Depending on the particular state, collaborative practice agreements enable pharmacists not otherwise authorized by law to provide a range of services such as initiation, monitoring, and modification of a patient's drug therapy, or ordering and interpreting lab tests. This collaborative approach, using pharmacists for the management of chronic conditions, has been utilized by the Indian Health Service for 40 years, as well as the Department of Veterans Affairs and the Department of Defense.

There is broad commonality among states regarding a pharmacist's ability to deliver preventive services. The vast majority of states authorize pharmacists to perform many of the **preventative services mandated under the Patient Protection and Affordable Care Act (PPACA), a sampling of which follow:**

1. **Aspirin use** to prevent cardiovascular disease for men and women of certain ages
2. **Blood Pressure screening** for all adults
3. **Cholesterol screening** for adults of certain ages or at higher risk

4. **Diabetes (Type 2) screening** for adults with high blood pressure
5. **Diet counseling** for adults at higher risk for chronic disease
6. **Immunizations** for adults--doses, recommended ages, and recommended populations vary:
  - Hepatitis A
  - Hepatitis B
  - Herpes Zoster (Shingles Shot)
  - Influenza (Flu Shot)
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, Diphtheria, Pertussis
  - Varicella
7. **Obesity screening and counseling** for all adults
8. **Tobacco Use screening** for all adults and cessation interventions for tobacco users

## **Access to Pharmacists' Care**

Physicians and certain non-physician health care professionals are reimbursed under Medicare Part B for providing necessary health care services. With very limited exceptions, pharmacists' services are not reimbursed in this fashion. The lack of reimbursement of pharmacists for services provided within their state scope of practice unnecessarily limits patient access to certain health care services and the contributions pharmacists can make to their health care and outcomes. Enabling pharmacists to practice at the top of their education and training, and be better integrated into the patient's health care team, will improve health outcomes and greatly benefit specific populations, especially those with chronic disease such as diabetes and cardiovascular disease.

## **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.<sup>i</sup> 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.<sup>ii iii</sup> Further, the Congressional Budget Office (CBO) estimates that an additional 25 million individuals will potentially be gaining health coverage under the Patient Protection and Affordable Care Act (PPACA). Factoring all of this in, the Association of American Medical Colleges projects that, by 2020, there will be more than 91,000 fewer doctors than needed to meet demand,

and the impact will be most severe on underserved populations.

### **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**

Please contact Kristina Lunner at [Kristina.Lunner@LeavittPartners.com](mailto:Kristina.Lunner@LeavittPartners.com) or (202) 774-1403 for more information.

- 
- <sup>i</sup> U.S. Congressional Research Service. Medicare Financing (R41436; September 19, 2013), by Patricia A. Davis  
<sup>ii</sup> Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000.  
<sup>iii</sup> Anderson G. Chronic care: making the case for ongoing care. Robert Wood Johnson Foundation: Prince-ton (NJ); 2010. [cited 2011 Jan 19].