

March 25, 2022

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
Chairman
Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Richard Neal
Chairman
Committee on Ways and Means
House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
House of Representatives
Washington, DC 20515

Dear Chairman Wyden, Ranking Member Crapo, Chair Pallone, Ranking Member McMorris Rodgers, Chair Neal and Ranking Member Brady:

In the diverse communities we represent, one theme remains constant: Americans rely on pharmacists for critical health care services, and that reliance has never been more pronounced than during the current COVID-19 pandemic. Unfortunately, federal barriers are limiting access to the services patients can receive from their pharmacists, and these limits will likely have even more severe consequences when we move from pandemic to endemic. Therefore, on behalf of the communities we serve – older Americans, patients of color, rural communities, and others with limited access to health care – we write to urge Congress to take action to advance H.R. 7213, the Equitable Community Access to Pharmacist Services Act, to secure patient access to pharmacy services and permanently provide pharmacists the ability to care for those in need during this and future pandemics.

The COVID-19 pandemic highlighted and exacerbated many of the issues facing our overburdened health care system. During the pandemic, the federal government initiated the Public Readiness and Emergency Preparedness Act (PREP Act) to ensure access to a comprehensive set of health care services provided by pharmacists. States across the country expanded pharmacists' and pharmacies' abilities to provide many of these critical health care services. Patients' access to COVID-19 testing, vaccines, and treatment increased dramatically as pharmacies and pharmacists answered the call to protect the public health of communities. This was particularly important for our nation's most vulnerable, medically underserved communities.

Of course, pharmacists have long played a vital role in ensuring that people in medically underserved communities have access to critical health care resources. Pharmacists are among the most accessible health care professionals and provide regular access to health care services and treatments for patients. In fact, nine in ten Americans live within five miles of a pharmacy, allowing pharmacists to serve their local communities and be a trusted health care resource where others may not exist.

Despite those realities, pharmacy services are not reimbursed in the same way as other providers' services. Other health care providers, such as nurses and physician assistants, are reimbursed directly through Medicare Part B. But pharmacists administer vaccines and COVID-19 treatments through temporary federal contracts. When the current HHS public health emergency ends, pharmacists will no longer be able to provide many of the services Americans have come to rely on during the pandemic. This will drastically endanger and reduce care for millions of Americans, including Medicare beneficiaries living in rural, socially vulnerable, and underserved areas and those for whom we advocate for every day.

We urge Congress to act quickly to advance H.R. 7213, to ensure that access to pharmacy care is made permanent for our communities. By acting on the Equitable Community Access to Pharmacist Services Act, Congress can ensure pharmacist services are covered, alleviating gaps in care, preserving vital health care access in the future, and advancing health equity. We fear that many, including millions of Medicare beneficiaries, will lose access to needed care and other health resources without this action.

This pandemic has brought with it many lessons. One of those lessons has been finding new, innovative ways to deliver needed care to Americans, including by expanding the ability of health care professionals to do more and better serve their communities. By breaking down barriers between Americans and their pharmacists, we can meaningfully improve Americans' health, particularly those who traditionally lack access to needed health resources.

Sincerely,

60 Plus
100 Black Men of America, Inc.
AgriSafe Network
Aimed Alliance
The AIDS Institute
AIDS United
Alliance for Aging Research
Allergy & Asthma Network
American Diabetes Association (ADA)
American Liver Foundation (ALF)
American Red Cross
American Society on Aging (ASA)

Arthritis Foundation
Asian & Pacific Islander American Health Forum (APIAHF)
Autoimmune Association
Balm in Gilead
Black AIDS Institute
California Hepatitis C Task Force
Cancer Support Community
CancerCare
Caregiver Action Network
Caring Ambassadors
Chronic Care Policy Alliance (CCPA)
Color of Crohn's & Chronic Illness (COCCI)
Community Liver Alliance (CLA)
Diabetes Leadership Council (DLC)
Diabetes Patient Advocacy Coalition (DPAC)
Easterseals Serving Greater Cincinnati
Exon 20 Group
EveryLife Foundation for Rare Diseases
Faith for Black Lives
Familia Unida Living with MS
Foundation for Sarcoidosis Research
Friends of Cancer Research
Global Healthy Living Foundation (GHLF)
Global Liver Institute
GO2 Foundation for Lung Cancer
Healthcare Distribution Alliance (HDA)
Healthcare Leadership Council (HLC)
HealthyWomen
Hemophilia Federation of America (HFA)
Infusion Access Foundation (IAF)
ICAN, International Cancer Advocacy Network
International Foundation for AiArthritis
League of United Latin American Citizens (LULAC)
LUNGeivity Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
The Mended Hearts, Inc.
Men's Health Network (MHN)
National Black Nurses Association (NBNA)
National Caucus and Center on Black Aging (NCBA)
National Coalition of 100 Black Women (NCBW)
National Center for Frontier Communities
National Consumer Voice for Quality Long-Term Care
National Consumers League (NCL)
National Center for Farmworker Health (NCFH)
National Health Council

National Hemophilia Foundation (NHF)
National Kidney Foundation (NKF)
National Organization of State Offices of Rural Health (NOSORH)
National Psoriasis Foundation (NPF)
National Viral Hepatitis Roundtable (NVHR)
The National Grange
National Hispanic Medical Association (NHMA)
National Rural Health Association (NRHA)
Patients Rising Now
Pulmonary Hypertension Association (PHA)
RetireSafe
Spondylitis Association of America (SAA)
Susan G. Komen
UnidosUS (formerly known as National Council of La Raza)
VillageMD
West Health Institute
ZERO - The End of Prostate Cancer