



American Pharmacists Association[®]
Improving medication use. Advancing patient care.

November 6, 2009

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable John D. Dingell
U.S. House of Representatives
Washington, DC 20515

RE: Pharmacists' Perspective on H.R. 3962

Dear Speaker Pelosi and Representative Dingell:

The American Pharmacists Association (APhA) applauds your leadership in securing the introduction of the health care reform proposal, Affordable Health Care for America Act (H.R. 3962). The proposal reflects a clear commitment to improving medication use in this country.

Medications are the first line of defense and have been proven to be our most important weapon in the fight against all disease, including chronic diseases such as diabetes and coronary heart disease. Unfortunately, improper medication use has been estimated to cost our nation \$177 billion annually in total direct and indirect healthcare costs^[1]. To meet Congress' goals of improving quality of care while reducing health care costs, it is essential to address these challenges.

Positive Steps

We are very encouraged that the proposal takes several steps to address medication use, such as:

- Ensuring access to prescription medications and durable medical equipment, prosthetics, orthotics and supplies.
- Reducing preventable hospital readmissions through transitional care activities that include medication-related services.
- Improving care coordination among health care providers through services such as medication therapy management (MTM) services.
- Improving patient access to medication management services through grant programs.
- Improving home care through teams of providers, including pharmacists.
- Increasing immunization rates, utilizing various healthcare providers including pharmacists.
- Including pharmacists in workforce strategies.
- Establishing transparency requirements for pharmacy benefit managers (PBMs).

The programs that provide beneficiaries assistance in managing their medication therapy reflect some of the "lessons learned" from private and public sector programs that utilize pharmacists to provide clinical services. These programs have seen lowered costs, increased productivity, and improved health outcomes (see [Appendix 2](#)). It is estimated that providing MTM services to people suffering from diabetes, cardiovascular disease and asthma could produce **approximately \$30 billion in savings**.

However, these savings are not at the cost of quality. Expected results from pharmacists collaborating with patients and prescribers include:

- Improved quality of care and increased likelihood to meet desired health outcomes.
- Improved medication management, including medication adherence.
- Increased prevention and wellness activities, such as health screenings and immunizations.
- Reduced hospital readmissions due to medication misuse.
- Improved care for patients transitioning between care settings.
- Slowed rate of growth in health care costs, resulting in savings in projected spending.

Remaining Challenges

Unfortunately, despite these positive elements, we are concerned with several elements that we anticipate will present challenges to the profession of pharmacy and the patients they serve. We have recommended several amendments that we believe will help to ensure that you meet your quality improvement and cost control goals. These recommendations (see [Appendix 1](#)) are intended to ensure patient and prescriber access to medications and the medication expertise of pharmacists.

Conclusion

Again, thank you for the opportunity to participate in this important dialogue. We strongly support the proposal's recognition of the value of pharmacists as members of the health care team, and the need to address medication use in this country. And we applaud you and your staff for your efforts. We would welcome the opportunity to discuss the perspective of the nation's pharmacists. Additionally, the APhA Foundation is a leader in working with the private sector to develop MTM programs. APhA would be happy to serve as a technical expert as you work through various delivery reform proposals. For additional information, please contact Kristina Lunner, APhA Vice President of Government Affairs, at either klunner@aphanet.org, 202.429.7507 (w), or 202.497.5953 (c).

Best regards,



Thomas E. Menighan, BSP Pharm, MBA, FAPhA
Executive Vice President & CEO

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Enclosures: [Appendix 1](#), [Appendix 2](#)

cc: Kristina Lunner, Vice President, Government Affairs
Members of the U.S. House of Representatives

[1] Ernst FR, Grizzle AJ. Drug-related morbidity and mortality: updating the cost-of-illness model. J Am Pharm Assoc. 2001;41:192-9.