


## The Path to Provider Status

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## 2016 Elections Produce Change

- New President: Donald Trump
- Senate: GOP 52; Dem 45; Ind 2
- House: GOP 241; Dem 194
- Dems close gap in both chambers, but GOP remains in control



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## U.S. House of Representatives

- Majority – GOP
  - Speaker: Paul Ryan (WI-1)
  - Leader: Kevin McCarthy (CA-23)
  - Majority Whip: Steve Scalise (LA-1)
- Minority – Dems
  - Leader: Nancy Pelosi (CA-12)
  - Minority Whip: Steny Hoyer (MD-5)



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## House Turnover

District	Incumbent Party	Winning Party	Winner
FL-02	D	R	Neal Dunn
FL-07	R	D	Stephanie Murphy
FL-10	R	D	Val Denning
FL-13	R	D	Charlie Crist
FL-18	D	R	Brian Mast
IL-10	R	D	Brad Schneider
NE-02	D	R	Don Bacon
NV-03	R	D	Jacky Rosen
NV-04	R	D	Ruben Kihuen
NH-01	R	D	Carol Shea-Porter
NJ-05	R	D	Josh Gottheimer
VA-04	R	D	Donald McEachin




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## House Energy and Commerce Committee

- Chairman: Greg Walden (OR-2)
- Ranking Member: Frank Pallone (NJ-6)
- Health Subcommittee Chairman: Michael Burgess (TX-26)
- Health Subcommittee Ranking Dem: Gene Green (TX-29)




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## Committee on Ways and Means

- Chairman: Kevin Brady (TX-8)
- Ranking Member: Richard Neal (MA-1)
- Health Subcommittee Chairman: Pat Tiberi (OH-12)
- Health Subcommittee Ranking Dem: Sander Levin (MI-9)




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## U.S. Senate

- **Majority – GOP**
  - President: VP Mike Pence
  - Leader: Mitch McConnell (KY)
  - Assistant Leader, Whip, John Cornyn (TX)
- **Minority – Dems**
  - Leader: Chuck Schumer (NY)
  - Caucus Vice Chairs: Mark Warner (VA) and Elizabeth Warren (MA)




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## 7 New Members of the Senate

State	Winner
CA	Kamala Harris (D)
IL	Tammy Duckworth (D)
IN	Todd Young (R)
MD	Chris Van Hollen (D)
NH	Maggie Hassan (D)
NV	Catherine Cortez Masto (D)
LA	John Kennedy (R)




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## Key Senate Committees

- **Committee on Finance**
  - Chairman – Orrin Hatch (UT)
  - Ranking Democrat – Ron Wyden (OR)
- **Health, Education, Labor, and Pensions (HELP)**
  - Chairman – Lamar Alexander (TN)
  - Ranking Democrat – Patty Murray (WA)




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### Senate Outlook 2018

- 33 races
- 25 Dems (10 states where Trump won)
- 8 GOP (2 considered vulnerable – AZ and NV)



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### Key Milestones

- January 3 – Election of Speaker
- January to February – Confirmation hearings: Cabinet positions, SCOTUS
- March 15 – Congressional budgets, reconciliation instructions, CHIP reauthorization, etc.
- April 16 – First 100 days
- July 1 – Beginning of many state fiscal years; Governors need to finalize Medicaid and CHIP budgets
- September 30 – Expiration of FDA User Fees, CHIP, Health Care Extenders (Medicare, Medicaid, Public Health)
- October 1 – New fiscal year begins



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### Potential Health-Related Legislation

- ACA repeal/replace
- Medicaid reform
- Medicare “extenders”
- SCHIP reauthorization
- UFAs (PDUFA, GDUFA, BsUFA)
- Drug pricing bills



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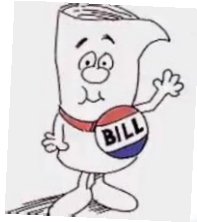
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### Provider Status: It's Not Just a Bill

- Adds pharmacists to list of providers in Social Security Act
- Gives patients access to pharmacists
- Longstanding goal of the profession



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### The Intersection of Healthcare & Policy

- **States grant authority to practice**
  - Licensure
  - Scope of practice
- **Federal government determines reimbursement**
  - Medicare
  - Private, state payers typically follow Medicare



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### Provider Status is About Patients



Achieving provider status is about giving patients access to care that improves patient **safety**, **healthcare quality**, and **outcomes**, and decreases **costs** for the healthcare system.



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### What is Federal Provider Status?

Becoming a “provider” in the Medicare program means that pharmacists can participate in Part B of the Medicare program and bill Medicare for services that are within their state scope of practice to perform.



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### The Intersection of Healthcare & Policy

#### • Medicare

- Part A
  - Medical benefit
- Part B
  - Physician offices
- Part C
  - Medicare Advantage (Managed care)
- Part D
  - Outpatient prescription benefit



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### Social Security Act & Provider Status

- Medicare resides under the Social Security Act
- Social Security Act determines eligibility for current and new payment models
- Pharmacists **are not** recognized under the Social Security Act as health care providers



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### Who Has Provider Status?

- Physicians
- Nurse practitioners
- Physician assistants
- Certified nurse midwives
- Psychologists
- Clinical social workers
- Certified nurse anesthetists
- Speech-language pathologists
- Audiologists
- Registered dietitians
- Physical therapists




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### Tracing the History: Provider Status Legislation 2001-Present




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### Provider Status Bills 2001-2002

#### 2001

- ASHP & ACCP Provider Status Coalition
  - Medicare Pharmacist Services Coverage Act (S. 974)
  - Medicare Pharmacist Services Coverage Act (H.R. 2799)

#### 2002

- Medicare Medication Therapy Management Services Coverage Act (H.R. 5539)




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### Provider Status Bills 2003-2008

#### 2003

- Medication Therapy Management Act (S. 1270)

#### 2006

- Pharmacist Access and Recognition in Medicare (PHARM) Act (S. 2563)

#### 2008

- Medicare Clinical Pharmacist Practitioner Services Coverage Act (H.R. 5780)




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### Provider Status Bills 2010-2014

#### 2010

- Medicare Clinical Pharmacist Practitioner Services Coverage Act (H.R. 5389)

#### 2012

- National Pharmacy Organizations Begin Discussions on Reinitiating Provider Status Campaign

#### 2014

- H. R. 4190 Introduced

#### 2015

- H.R. 592, S. 314 introduced




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### Steps In The Right Direction. . .

- Medicare Modernization Act (2003)
  - Part D prescription drug benefit requires medication therapy management
  - No explicit payment
- Affordable Care Act (2010)
  - MTM Definition
  - Accountable Care Organizations
  - MTM Grant Program
  - Center for Medicare & Medicaid Innovation
  - Value-Based Purchasing Program




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**The Pharmacy and Medically Underserved Areas Enhancement Act**




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**Patient Access to Pharmacists' Care Coalition (PAPCC)**

- Coalition pushing for passage of legislation
- Most pharmacy groups are active members
- Patient advocacy groups





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**Multi-Stakeholder, Interdisciplinary**

Albertson's LLC and New Albertson's Inc.	Healthcare Distribution Management Association	National Consumers League
American Association of Colleges of Pharmacy	Healthcare Leadership Council	National Patient Advocate Foundation
American Pharmacists Association	Hematology/Oncology Pharmacy Association	National Pharmaceutical Association
American Society of Consultant Pharmacists	International Academy of Compounding Pharmacists	National Rural Health Association
American Society of Health-System Pharmacists	Kroger	Pediatric Pharmacy Advocacy Group
AmerisourceBergen	League of United Latin American Citizens	Rite Aid Pharmacy
Association of Clinicians for the Underserved	Mckesson	Safeway
BI-LO Pharmacy	National Alliance of State Pharmacy Associations	SUPERVALU Pharmacies
Cardinal Health	National Association of Chain Drug Stores	Target
CVS Health	National Center for Farmworker Health	Thrifty White Pharmacy
Food Marketing Institute	National Community Health	Walgreens
Fred's Pharmacy	National Community Pharmacists Association	Walmart
Fruth Pharmacy		Winn-Dixie Pharmacy




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### PAPCC Objectives

- Mission: 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.
- Primary Goal: To improve medically underserved seniors' access to pharmacists' services consistent with state scope of practice laws and regulations.




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### Access to Primary Health Care

- Growing number of Medicare beneficiaries
- Increasing patients with one or more chronic conditions
- Newly covered patients via Affordable Care Act
- Projected shortage of physicians
  - Projected shortfalls in primary care range between 14,900 and 35,600 physicians by 2025
  - If currently underserved populations utilized health care at the same rate as the rest of the population, up to an additional 96,000 physicians would have been needed in 2014

Source: AAMC Center for Workforce Studies, April 2016 Analysis




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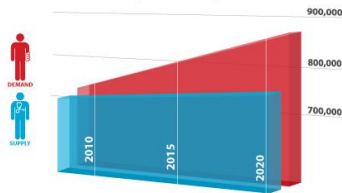
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### Projected Physician Shortage

Projected Supply and Demand, Physicians, 2008-2020  
(ALL SPECIALTIES)



Source: AAMC Center for Workforce Studies, June 2010 Analysis




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### Focus on Medically Underserved Communities

- Help meet unmet healthcare needs
  - Increase patients' access to care
  - Improve quality
  - Decrease costs
- Strategy follows similar successful paths taken by other healthcare professionals to gain provider status




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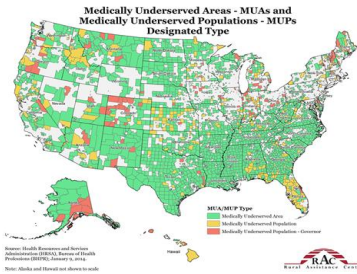
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### Medically Underserved Communities




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### State Scope of Practice

- State scope of practice will determine what services pharmacists can offer
- As provider status at the federal level is achieved continued efforts by states to ensure scope of practice for pharmacists is sufficiently robust will be vital




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### The Pharmacy and Medically Underserved Areas Enhancement Act

- Increases access to healthcare for patients in medically underserved areas.
- Promotes cost-effective healthcare by increasing opportunities for early interventions.
- Allows pharmacists to provide services authorized by state scope of practice.




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### The Pharmacy and Medically Underserved Areas Enhancement Act

- **Services**
  - Managing chronic diseases
  - Medication management
  - Manage care as patients transition from hospital to home
  - Health and wellness testing
  - Administering immunizations
- **Overall impact:**
  - Improved health outcomes
  - Reduced hospital readmissions
  - Reduced emergency department visits




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### Provider Status: Potential Legislative Vehicles

- Medicare “extenders” in 2017
- Senate formed a Chronic Care Working Group Summer 2015
  - Goal is to modernize care delivery in Medicare
  - Focus on care coordination
  - ASHP submitted data on care transitions, CMMI Pilot
  - Could be an appropriate vehicle for provider status
- CHIP, Medicaid also possibilities




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## Next Steps

- **Reintroduction**
  - S.109 introduced January 12, 2017
    - Sen. Grassley lead sponsor
    - Introduced with 26 original cosponsors
  - H.R. 592 reintroduced January 20, 2017
    - Rep. Guthrie lead sponsor
    - Introduced with 107 original cosponsors
    - Maintained bill number from 114<sup>th</sup> to 115<sup>th</sup> Congress
- **Negotiation with committee staff (W&M, E&C, SFC)**
- **Identify appropriate legislative vehicle**




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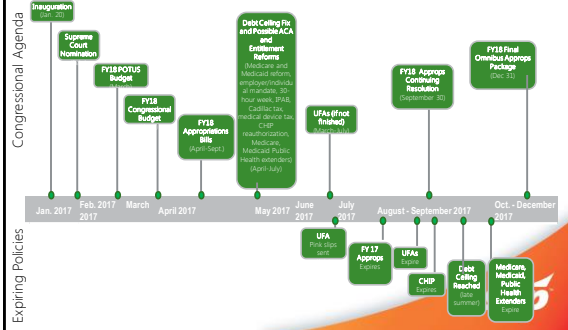
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## 2017 Congressional Agenda




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## Specific State Affiliate and Individual Actions

- **Recruit individual health system support of H.R. 592/S. 109**
- **Continue to pressure elected officials to cosponsor legislation both as a state affiliate and as individual pharmacists**




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### Specific State Affiliate and Individual Actions

#### Cosponsors in Montana:

- Senator Daines was an original Senate cosponsor of S. 109
- Still need to get Senator Tester back on the bill



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### Keys to Success

- Pharmacy must maintain unified stance
- Grassroots efforts must be robust
  - 270,000 licensed pharmacists in the U.S. can have a huge impact with their Congressional representatives
- Focusing on the unmet need, new Medicare enrollees
- Election results do not change our message



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### ASHP-PAC

- Educates members of Congress about pharmacists' patient care roles
- Supports "pharmacy-friendly" candidates
- Builds support for legislation that advances ASHP's public policy goals
- If you are an ASHP member and would like to learn more about the ASHP-PAC, please visit [www.ashp.org/pac](http://www.ashp.org/pac)



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Questions?

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