American Pharmacists Association

December 18, 2024

Brian Blase, PhD
Agency Lead
President-elect Trump's transition team: U.S. Department of Health and Human Services (HHS)

**RE: MEETING REQUEST AND RECOMMENDATIONS: AN AMERICA-FIRST HEALTH CARE STRATEGY STARTS WITH YOUR LOCAL, COMMUNITY PHARMACIST**

Dear Mr. Blase:

On behalf of the American Pharmacists Association (APhA), representing our nation's over 300,000 pharmacists and over 400,000 pharmacy technicians at every site of care, I am writing to congratulate you on leading President-elect Donald J. Trump's transition team at HHS and to request a meeting with your team to discuss how HHS can unlock the full value of accessible pharmacist-provided care that has already saved millions of lives and billions of taxpayer dollars to implement a common sense, America-First solution to help solve our nation's broken primary care system.

APhA was pleased to work together with the first Trump Administration to pass federal legislation President Trump signed into law, that was unanimously passed by the House of Representatives, banning pharmacy gag clauses from large vertically integrated "middlemen," also known as pharmacy benefit managers (PBMs), that previously prohibited pharmacists from sharing drug pricing information with customers if their prescription would cost less if they paid cash, rather than using insurance. Pharmacists previously faced significant penalties if they proactively shared this drug pricing information with consumers.

APhA can help the new Trump Administration build on this success by lowering health care costs, supporting local small businesses, and improving health care access for our nation in several ways. Many in rural communities have no access to healthcare except for their local pharmacist – and APhA wants to help President Trump keep America First by ensuring coverage of pharmacists' services through local pharmacies.

**Unlocking Pharmacists to Tackle Chronic Diseases by Allowing Pharmacists to Offer Lower-Cost Care by Practicing at the Top of their License:** Ninety percent of

the nation's $4.5 trillion in annual health care expenditures are for people with chronic and mental health conditions. Interventions to prevent and manage these diseases can have significant health and economic benefits. Community Health Centers, health-systems, and local healthcare systems all agree that the pharmacist is the medication expert on the team, and when pharmacists are fully involved in chronic care management – particularly in the prevention and treatment of cardiovascular disease – Americans are healthier and have lower costs of care.

There is overwhelming evidence that most of these health care costs can be avoided by prudently using pharmacists practicing at the top of their license and training. President Trump's first Administration issued a report from 3 federal agencies that recommended **"[s]tates should consider changes to their scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set."** The report found:

> "Government rules restrict competition if they keep healthcare providers from practicing to the "top of their license"— i.e., to the full extent of their abilities, given their education, training, skills, and experience, consistent with the relevant standards of care. Such rules, including restrictions on the appropriate use of telehealth technologies, unnecessarily limit the types or locations of providers authorized to practice, or the range of services they can provide, in contrast to regulations tailored to address specific and non-speculative health and safety concerns."

Previous studies by your team have recommended pharmacists "be allowed to provide any service that is a standard component of his or her profession's formal training," and many states have not waited for Washington, DC and the federal government is falling behind. Organizations, such as the Cato Institute and the Cicero Institute agree that pharmacists providing care unencumbered by regulatory red tape will benefit patients. APhA fully agrees with this recommendation and the election of President Trump gives the federal government, in particular Medicare and Medicaid, the opportunity to make up lost ground due to unnecessary turf wars in a broken health care system, set on repeat.

Your local community pharmacists do not simply dispense pills anymore. We are highly trained to provide several health care services that have been proven to improve health care outcomes and reduce costs for diabetes, hypertension and provide preventive care to keep patients out of expense hospital emergency rooms. In fact, all colleges and schools of pharmacy programs are now required to deliver didactic training that includes evidence-based clinical decision making, as well as therapeutic treatment planning **which includes diagnosing and prescribing medications**.

APhA looks forward to discussing with your team how CMS can unlock the full value of our nation's pharmacists, including the transition team's exploration of reducing the big

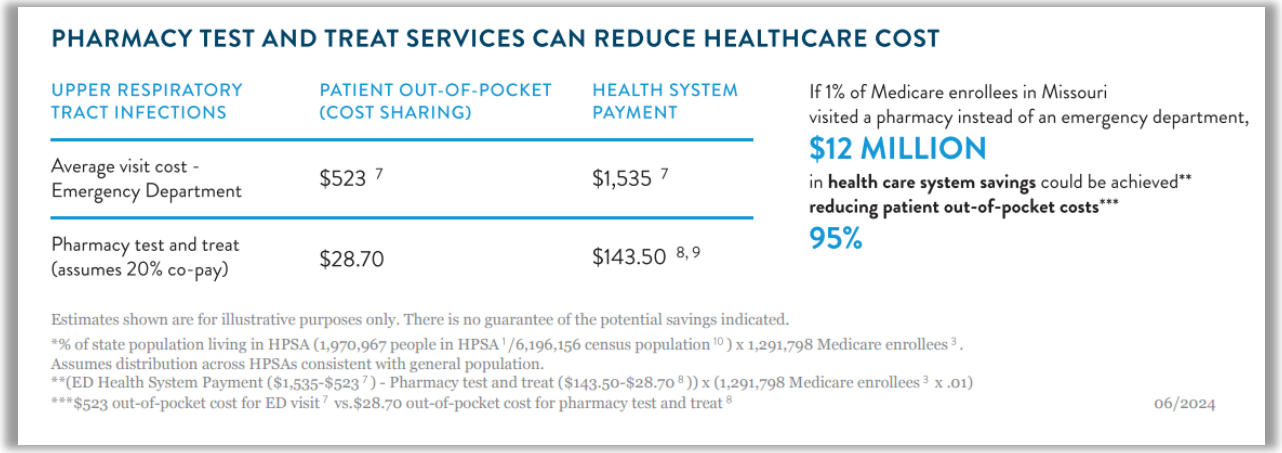
physician's lobby's monopoly control over medical billing codes and their clear conflict of interest/financial interest in the current, broken system.

**Pharmacists Provide Lower-Cost America-First Care:** Our nation's primary care system is broken. Data in every state shows the primary care is largely inaccessible to most Americans. However, nine in 10 Americans live within 5 miles of a pharmacy, and patients visit their community pharmacist 12 times more frequently than any other part of the health care system. Studies have shown that federal and state governments have come to rely on pharmacists as a vital front line of our nation's public health infrastructure, **which has saved millions of lives and billions of taxpayer dollars.**

Many pharmacies are small businesses that provide vital lower-cost care to underserved communities who have nowhere else to go and desperately need access to these health care services.

According to a report to the U.S. Surgeon General that evaluated the cost-efficiencies of pharmacist-delivered patient care, effective patient care services related to medication management **can yield a return on investment of as high as 12:1 (and averaging 4:1)** from reduced hospital admissions, unnecessary or inappropriate medication use and reduced emergency department admissions and overall physician visits.

APhA has analysis from every state and congressional district that shows the **notable savings from pharmacist-provided test and treat services** for common respiratory conditions compared to expensive hospital emergency departments. For example, in Missouri:



**PHARMACY TEST AND TREAT SERVICES CAN REDUCE HEALTHCARE COST**

| UPPER RESPIRATORY TRACT INFECTIONS | PATIENT OUT-OF-POCKET (COST SHARING) | HEALTH SYSTEM PAYMENT |
|---|---|---|
| Average visit cost - Emergency Department | $523 [7] | $1,535 [7] |
| Pharmacy test and treat (assumes 20% co-pay) | $28.70 | $143.50 [8,9] |

If 1% of Medicare enrollees in Missouri visited a pharmacy instead of an emergency department,

**$12 MILLION**

in **health care system savings** could be achieved**
**reducing patient out-of-pocket costs*****

**95%**

Estimates shown are for illustrative purposes only. There is no guarantee of the potential savings indicated.
*% of state population living in HPSA (1,970,967 people in HPSA [1] /6,196,156 census population [10] ) x 1,291,798 Medicare enrollees [3] .
Assumes distribution across HPSAs consistent with general population.
**(ED Health System Payment ($1,535-$523 [7] ) - Pharmacy test and treat ($143.50-$28.70 [8] )) x (1,291,798 Medicare enrollees [3] x .01)
***$523 out-of-pocket cost for ED visit [7] vs.$28.70 out-of-pocket cost for pharmacy test and treat [8]

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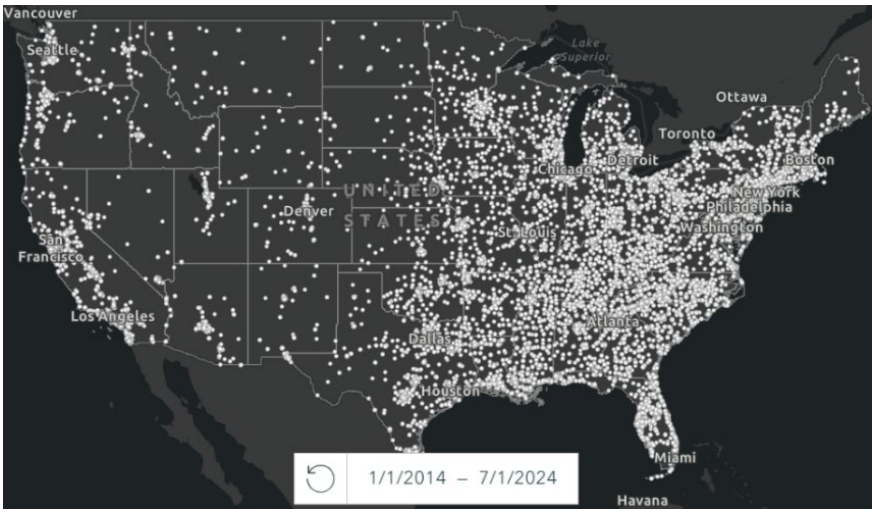
**Keeping Local, Community Pharmacies Open is Vital for an Accessible America-First Public Health Infrastructure Patients Trust:** Studies have shown pharmacists are ranked among the nation's most trusted medical professionals despite the increased distrust in medical institutions, private health insurance, the pharmaceutical industry, and government institutions in recent years.

Yet, due to underwater payments from the PBMs that force pharmacies to dispense medications below their acquisitions costs, local community pharmacies, which are often the only health care available to rural communities, are closing at a record pace, with 1 in 3 U.S. pharmacies closed over a decade. That includes more than 35% of pharmacies in New York, West Virginia, Vermont, Rhode Island and Mississippi. It would be difficult to run a lemonade stand this way, let alone keep a community pharmacy open and competing in a vertically integrated PBM marketplace where three large PBMs control more than 80 percent of the market that are vertically integrated monopolies with health insurers, pharmacies, and providers. That's not free market competition. The Republican-led U.S. House of Representatives Committee on Oversight and Accountability recently issued a report that found these large PBMs are even steering patients to pharmacies they own and to more expensive drugs (see, Figure 11 of the report) at the expense of patients.

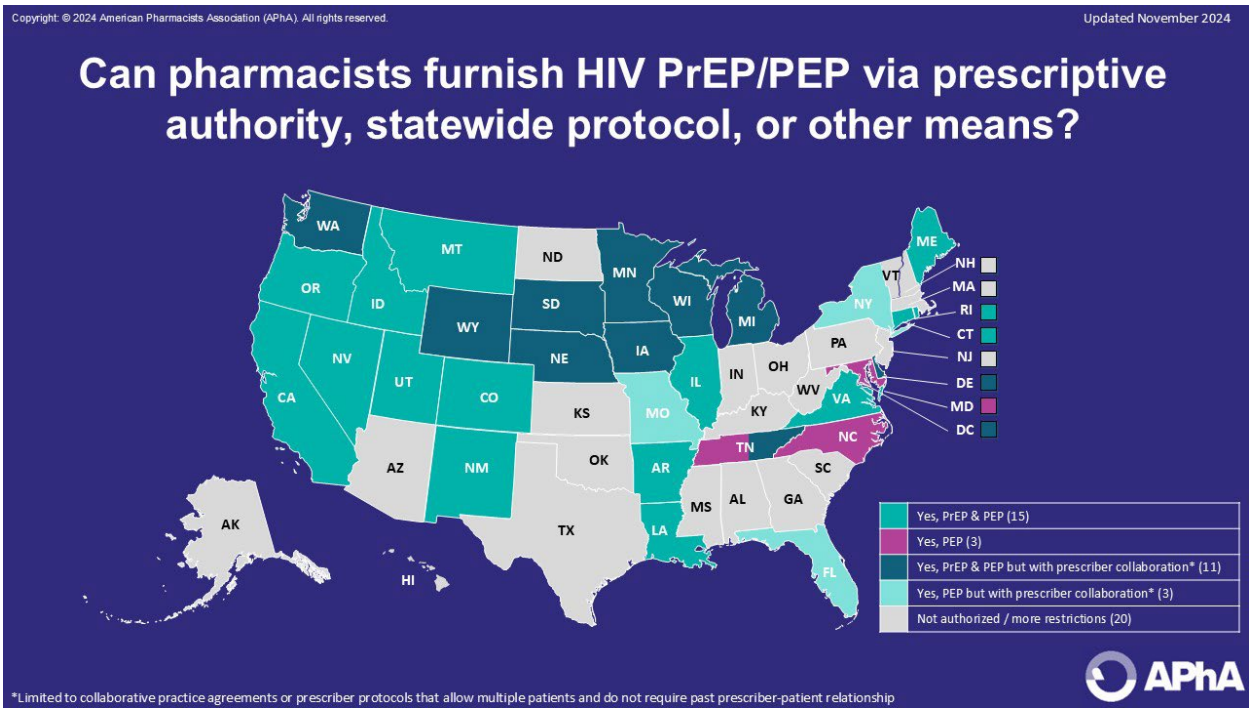
APhA looks forward to working with the Trump Administration to return competition to the PBM and health care marketplace to protect our nation's community pharmacies, our patients and promote patients' health care access in rural and underserved communities.

**How Big of a Threat to Health Care Access are Pharmacy Closures? This is an emergency!** Below, is a map of the pharmacy locations that closed **in every state and every congressional district** between January 2014 and March 2024 which endangers health care access and threatens to decimate our nation's health care system:




**Achieving President-Elect Trump's Goal to Eliminate HIV by 2030:** In 2019, President Trump has called for the elimination of HIV transmissions in the United States by 2030. Currently pharmacists can prescribe HIV pre-exposure prophylaxis (PrEP) prescriptions in 25 states and the District of Columbia via independent prescriptive authority, state protocol, population-based collaborative practice agreement, or other means. However, previous administrations have refused to create pathways for

payment for pharmacist-prescribed life-saving medications. We need bold new leadership under President-electTrump, in partnership with APhA, to solve this challenge. APhA looks forward to working with the new Trump Administration to expand patients' access to these life-saving medications to counter a consequence of the current Administration's recent National Coverage Determination (NCD) which has led to denials of pharmacist-prescribed HIV PrEP items and services, which is counter to President Trump's goal.

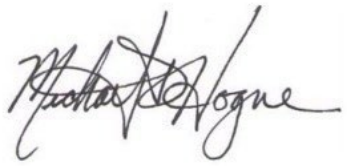



**Maximizing the Use of Pharmacists Where Food is Medicine to Make America Healthy Again (MAHA):** President Trump's transition team has pledged to transform America's food system by reducing ultra-processed foods and food additives. APhA recommends utilizing pharmacists through the already congressional funded "Food is Medicine," program to implement a federal strategy to reduce nutrition-related chronic diseases and food insecurity to improve health in the United States. A recent survey found that 85% of adults in the U.S. say pharmacists are easy to access; 76% support pharmacists helping patients to understand their nutritional choices; and 73% support pharmacists helping patients prevent chronic disease such as heart disease and diabetes." Recent reports cite the public's long-standing trust in pharmacists positions drug stores — as well as mass merchants and supermarkets with pharmacies — to be a destination for advice on healthful diets. Pharmacies offering food as well as pharmacies without direct access to food can both identify people who could benefit from interventions from food prescriptions and dietitian referrals to baseline health screenings and support for disease management. APhA looks forward to working with

the transition team to partner with pharmacists on Food is Medicine to achieve the President-elect's MAHA goals.

APhA thanks you for your continuing work to implement an American-First health care strategy and urges you to build this strategy around our nation's trusted, local community pharmacists. As you know, losing a pharmacy is a traumatic experience for a community. Once lost, those communities never get that local pharmacy back. **Please contact my staff at mbaxter@aphanet.org to arrange a meeting with APhA on how your transition team can help unlock the full value of our nation's pharmacists to lower costs, improve competition, and protect our families' access to care.**

Sincerely,



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