American Pharmacists Association

February 5, 2025

[Submitted electronically via: regulations@dhcs.ca.gov]

Michelle Baass
Director
Department of Health Care Services (DHCS)
Office of Legal Services, Regulations, MS 0015
P.O. Box 997413
Sacramento, CA 95899-7413

RE: Pharmacist Services, DHCS-19-002

Dear Director Baass:

The California Department of Health Care Services (DHCS) recently issued proposed rules regarding pharmacist services. The American Pharmacists Association (APhA) would like to thank Governor Newson and DHCS for expanding patient access to critical pharmacist services. We appreciate the opportunity to comment on this rule package, as many of our members will be impacted by these changes.

Realigning financial incentives in our healthcare system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible healthcare professional, their pharmacist. It also correctly aligns the pharmacist's current role with their extensive education and training to practice at the top of their license.

Substantial published literature documents the proven and significant improvement in patient outcomes[1] and reduction in healthcare expenditures[2] when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in California is aligned with the growing trend of similar programs in other states, such as Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, and others. In states where such programs have already been implemented, health plans recognize the value of the pharmacist and invest in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.[3]

---

[1] Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

[2] Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927

[3] CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/

In addition to our overall support of the rule package, APhA would like to provide some additional recommendations to ensure optimal Medicaid beneficiary access to pharmacists' services:

Streamlining language defining pharmacists' services
APhA recommends modifying § 51105.1 to reference the definition of pharmacists' services outlined in their scope of practice under the Business and Professions Code, Article 3 of Chapter 9, Division 2. This adjustment ensures that Medicaid coverage accurately reflects the full range of services pharmacists are authorized to provide under state law.

This change will help Medicaid beneficiaries access the full extent of pharmacists' education and training by aligning the definition of covered pharmacist services with their evolving scope of practice. Additionally, it ensures that as pharmacists' scope of practice expands to meet patient care needs, Medicaid coverage will automatically align with those changes, reducing the need for repeated regulatory updates.

This amendment supports a more comprehensive and sustainable approach to pharmacist-provided care under Medicaid, ultimately benefiting patients by enhancing access to essential healthcare services. APhA recommends that DHCS consider the language below when amending § 51105.1. Pharmacist Services.

§ 51105.1. Pharmacist Services.

(a) "Pharmacist services" means any of the following services rendered by a pharmacist:

(1) Services rendered by a pharmacist and within a pharmacist's scope of practice, as authorized in the Business and Professions Code in Article 3 of Chapter 9 of Division 2.

(2) Providing medication therapy management in conjunction with dispensing specialty drugs as authorized in Welfare and Institutions Code section 14132.969.

(b) "Pharmacist services" do not include services associated with the professional dispensing fee, as defined in Welfare and Institutions Code section 14105.45.

Minimizing Barriers and Ensuring Equitable Access to Pharmacist Services
APhA is concerned with drafted changes to § 51505.4. Pharmacist Services, which includes the following language that limits pharmacist encounters with their patients:

- (b)(1) Except for MTM, claims for pharmacist services rendered to an existing patient of the pharmacy location up to six (6) times in a 90-day period shall be eligible for payment without written substantiation.
- (c)(1)Except for MTM, claims for pharmacist services rendered to an existing patient of the pharmacy location up to six (6) times in a 90-day period shall be eligible for payment without written substantiation.
- (2) Claims for MTM with a treatment duration that is less than six (6) months shall be limited to one claim per treatment month.

Placing this arbitrary restriction on how frequently a patient can receive care from their pharmacist raises concern by not treating pharmacists like other healthcare professionals. Based on our review, APhA cannot find comparable restrictions on different providers, such as physicians, advanced practice nurse practitioners, and physician assistants. APhA recommends that DHCS does not place arbitrary restrictions that discriminate against pharmacists and limit patient access to care and urges DHCS to strike the above language from § 51505.4. Pharmacist Services.

Recognizing pharmacists as providers in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

Pharmacists in all practice settings provide highly valuable services, which are essential in maintaining patients' health, especially for underserved communities receiving care in FQHCs and RHCs. To ensure appropriate access and sustainability of these clinics, we recommend allowing pharmacists in all practice settings, including FQHCs and RHCs, to enroll as direct ordering and rendering providers with Medi-Cal and be reimbursed for their patient care services. APhA additionally recommends that pharmacists' services be applied to the prospective payment system for bundled payments provided to FQHCs and RHCs. Other states have submitted SPAs that list pharmacists as other licensed practitioners in FQHCs and RHCs to bill for similar services, and APhA encourages DHCS to take similar steps and offers technical assistance to DHCS.

Coverage of Pharmacists' Services in Managed Care Plans

Our final consideration is regarding fee-for-service and managed care beneficiaries. APhA recommends that services provided by pharmacists be available to all beneficiaries including those enrolled with a managed care plan. Furthermore, APhA encourages that services provided by pharmacists be applied to managed care plans' medical-loss ratio and capitation rates. APhA believes this will ensure equitable access to services provided by pharmacists across beneficiary groups.

APhA greatly appreciates DHCS for proposing this rule package. APhA believes that with the recommended highlighted changes in these comments, Californians will have greater access to their trusted local pharmacists' numerous patient care services. Thank you for your time and consideration of our comments. If you have any questions or require additional information, please don't hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at mmurphy@aphanet.org.

Sincerely,

Michael Baxter
Vice President, Government Affairs
American Pharmacists Association

cc: Susan Bonilla MEd, California Pharmacists Association Chief Executive Officer

About APhA: APhA is the largest association of pharmacists in the United States, advancing the entire pharmacy profession, including 35,980 licensed pharmacists in California. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.