October 1, 2020

Chair Greg Bonnen and Members
of the House Select Committee on Statewide Health Care Costs
Texas State Capitol
1100 Congress Avenue
Austin, TX 78701

Attn.: Samantha Durand and Brigitt Hartin

By Email: Samantha.Durand_HC@house.texas.gov
Brigitt.Hartin_HC@house.texas.gov

RE: **INTERIM CHARGE 1**: ***Examine the primary drivers of increased health care costs in Texas. This examination should include a review of current health care financing strategies; fragmentation of the care delivery administrative burden; population, health, and social factors that contribute to rising rates of chronic disease and poor health; insurance coverage and benefit design; lack of transparency in the cost of health care services; regional variations in the cost of care; consolidation and lack of competition in the provider and insurance markets; health care workforce capacity distribution; and fraud, abuse, and wasteful spending.***

Dear Chair Bonnen and Members of the House Select Committee:

On behalf of our members operating community pharmacies in Texas, the Texas Federation of Drug Stores (TFDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to provide written comments to the Texas Statewide Health Care Costs Committee in an effort to evaluate and reduce statewide health care costs. TFDS and NACDS applaud the Committee for their efforts to evaluate the existing infrastructure and identify opportunities to effectively utilize public dollars to deliver high quality care that Texans deserve. Through this process, TFDS and NACDS strongly urge the members of this Select Committee to recognize the value of leveraging all qualified healthcare professionals throughout the state to provide Texans convenient and affordable care.

The Texas Federation of Drug Stores (TFDS) is an association of ten (10) chain pharmacies which operate in Texas. TFDS activities are focused on pharmacy- specific legislative and regulatory matters. Our members are Albertsons Companies (Albertsons, Randall's and Tom Thumb), Brookshire Brothers, Inc., Brookshire's Grocery, H-E-B, Genoa, Kroger, ReCept Pharmacy, United Supermarkets, Walgreens and Walmart.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. In Texas, NACDS member companies operate more than 3,000 locations that employ nearly 300,000 people. Our members operate 40,000 pharmacies in total and include regional chains with as few as four stores as well as national companies. Across the nation, chain pharmacies

employ more than 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

As the healthcare industry transitions towards delivery of value-based care, the value of social determinants of health data is of great importance. Social determinants of health, including obesity and type 2 diabetes (access to health foods and opportunity for physical activity), tobacco use (lack of education or tools to quit), and asthma (access to environment free of toxins), among others can have an impact on health. Furthermore, lack of transportation, lack of paid time off, and limited income can lead to healthcare access and utilization disparities. Specifically within the state of Texas, approximately 7 million Texans live in designated primary care physician shortage areas.[1] Also, 12.9% of the state's population is over the age of 65, and as of 2015, more than 15 million Texans were reported to have at least one chronic disease and 6 million reported having two or more.[2,3] According to a study by the Johns Hopkins Center for Health Security, approximately 50% of patients with chronic illness do not take their medications as prescribed leading to morbidity, mortality, and costs of approximately $100 billion per year.[4] Specifically, at least 12.6% of Texans have been diagnosed with diabetes, 32.2% suffer from hypertension, and 33% of them have high cholesterol. Many others could be at risk of developing these diseases as nearly 34.8% of the population is obese.[5]

Especially in light of the global pandemic, the health and well-being of Texans should continue to be at the forefront. It is essential for this Committee to evaluate existing access points, effectively recruit and retain healthcare professionals; and improve the health of Texans through understanding of social determinants of health. Access to, and continuation of, care are also critical factors, strongly influencing patient outcomes and are especially important in underserved communities. Care coordination is vital in the advancement of healthcare as pharmacist engagement in the transitions of care process will bridge gaps in care and decrease downstream healthcare costs. Pharmacists are medication experts with a proven, successful track record delivering patient care while improving health outcomes in a culturally sensitive manner. Pharmacists are also qualified to offer quality patient care services, including chronic disease management services while also identifying and reporting social determinants that hinder optimal medication use and overall wellness of patients. Pharmacists have been able to provide such services in various states, as seen in the attached Appendix, while safely and effectively expanding access to surrounding communities.

Additionally, physician shortages in such areas and unnecessary restrictions on other care providers, such as pharmacists, prevent patients from receiving the most accessible and timely care. By better leveraging the skills and expertise of all healthcare professionals practicing within the community physicians would be supported by helping to bridge gaps in care and

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[1] Third Quarter of Fiscal Year 2020 Designated HPSA Quarterly Summary. Health Resources and Services Administration. https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed September 25, 2020.

[2] QuickFacts Texas. United States Census Bureau. https://www.census.gov/quickfacts/TX. Accessed September 25, 2020.

[3] Partnership to Fight Chronic Disease. Texas. Accessed September 2020. https://www.fightchronicdisease.org/sites/default/files/download/PFCD_TX.FactSheet_FINAL1.pdf

[4] Shearer MP, Geleta A, et al. Serving the Greater Good: Public Health & Community Pharmacy Partnerships. Center for Health Security. Johns Hopkins Bloomberg School of Public Health. 2017.

[5] Texas Annual Report. America's Health Rankings United Health Foundation. https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/TX. Accessed September 25, 2020.

reduce undue strain across the whole healthcare continuum resulting in better care for the underserved.

Community pharmacists are ideally positioned to help support efforts to identify, report and address such issues. Evidence has shown that patients visit their community pharmacists frequently; for example, a study reported that high-risk Medicaid beneficiaries tend to visit their local community pharmacies 35 times per year, nearly 10 times more than other healthcare settings.[6] The frequency at which patients visit their community pharmacies allows pharmacists to help identify and report social determinants of health and provide necessary linkages to additional care. Community pharmacies also offer increased accessibility and convenience through extended hours and no requirements to make appointments.

Conclusion:
It is vital for the state of Texas to implement the necessary health access measures that are effective, long-term solutions to providing quality patient care for their residents. Through increased engagement of pharmacies and the corresponding appropriate coverage of pharmacy patient care services through all models, pharmacies will be able to feasibly and sustainably provide the care they are recognized for within communities across the nation. TFDS and NACDS strongly urge Texas to leverage pharmacists in the delivery of patient care as it will benefit the citizens and the economy of the state. TFDS, NACDS and our member companies in Texas stand ready to engage further on this matter in an effort to protect our citizens and welcome the opportunity to discuss this issue further; for follow-up, please contact either NACDS' Mary Staples, Regional Director of State Government Affairs, at (817) 442-1155 or mstaples@nacds.org, or Janis Carter, TFDS at jcarter@carterstrategies.com or (512) 914-3652.

Sincerely,

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
NACDS

Ken Breda
President
TFDS

cc: Texas Pharmacy Business Council
Texas Society of Health Systems Pharmacists
Texas Pharmacy Association
Texas TrueCare Pharmacies

[6] Moose J, Branham A. (2014). Pharmacists as Influencers of Patient Adherence. *Pharmacy Times.* https://www.pharmacytimes.com/publications/directions-in-pharmacy/2014/august2014/pharmacists-as-influencers-of-patient-adherence-

Appendix 1: National Landscape of Innovative Pharmacist-Provided Services

Proposed Service	States Where Service Can Be Provided
Naloxone[i] *(28 states)*	***Statewide Protocol/Pharmacist Prescribing***: California, Connecticut, Idaho, Iowa, Kansas, Maine, Massachusetts, New Jersey, New Mexico, North Dakota, Oklahoma, Oregon, Tennessee, Vermont, West Virginia, Wyoming ***Statewide Standing Order:*** Alabama, Georgia, Illinois, Indiana, Maryland, Michigan, Missouri, North Carolina, Pennsylvania, Texas, Virginia, Wisconsin
Test & Initiate Treatment: Influenza, Helicobacter pylori, Group A Streptococcus, Urinary Tract Infection[ii] (*17 states)*	***Prescriptive Authority:*** Idaho ***Statewide Protocol:*** Kentucky, Florida ***CPA:*** Illinois, Michigan, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Tennessee, Utah, Vermont, Washington, Wisconsin
Tobacco Cessation[iii] *(12 states)*	***All Nicotine-Replacement Products:*** Arkansas (statewide protocol authorized not yet issued), Arizona, California, Iowa, Missouri ***All FDA-Approved Tobacco Cessation Aids:*** Colorado, Idaho, New Mexico, Indiana (statewide standing order), West Virginia (statewide protocol authorized not yet issued) ***Over the Counter Nicotine Replacement Products:*** Maine (regulations pending) ***Tobacco Cessation Prescribing:*** Oregon (addressed in statute) ***Proposed Legislation:*** Connecticut, Massachusetts, Maryland, Mississippi, Minnesota, Rhode Island
Hormonal Contraceptives without a CPA[iv] *(13 states)*	California, Colorado, DC, Hawaii, Idaho, Maryland, Minnesota, New Hampshire, New Mexico, Oregon, Utah, Virginia, West Virginia
HIV PrEP and PEP[v] *(3 states)*	*PrEP and PEP:* Idaho, California, Colorado (prescriptive authority) *PEP (7-day supply):* New York (non-patient specific order)
Tuberculosis Testing without a CPA[vi] *(3 states)*	Idaho, Kentucky, New Mexico
Immunizations	May Administer CDC/ACIP- Recommended Vaccines (31): Alaska, Arkansas, Arizona*, California, Connecticut*, Colorado, Florida*, Iowa*, Idaho, Indiana, Louisiana, Massachusetts, Maryland, Maine, Minnesota, Montana, North Carolina, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Utah, Vermont*, Washington, Wisconsin, West Virginia**

* CDC Adult IZs only
** Emergency Rule/Suspension of Existing Reg due to COVID-19 (not final)
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NACDS Internal Research/ NASPA

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Attn.: Samantha Durand and Brigitt Hartin

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RE: **INTERIM CHARGE 2**: ***Study the opportunities to better coordinate how public dollars are spent on health care.***

Dear Chair Bonnen and Members of the House Select Committee:

On behalf of our members operating community pharmacies in Texas, the Texas Federation of Drug Stores (TFDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to provide written comments to the Texas Statewide Health Care Costs Committee in an effort to evaluate and reduce statewide health care costs. TFDS and NACDS applaud the Committee for their efforts to evaluate the existing infrastructure and identify opportunities to effectively utilize public dollars to deliver high quality care that Texans deserve. Through this process, TFDS and NACDS strongly urge the members of this Select Committee to recognize the value of leveraging all qualified healthcare professionals throughout the state to provide Texans convenient and affordable care.

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Given the observed rise in healthcare costs across the nation and within the state of Texas, it is imperative for Texans to receive accessible, convenient, and affordable healthcare options. TFDS and NACDS strongly urge the state to leverage community pharmacies as healthcare destinations for affordable healthcare delivery. This includes authorizing Texas pharmacists to practice at the top of their license and implementing appropriate reimbursement measures for pharmacist-provided patient care services.

Community pharmacists are well-situated in local communities and are oftentimes the most readily accessible healthcare provider, as nearly 90% of Americans live within five miles of a community retail pharmacy. Such access is especially critical in reaching the medically underserved and patients in rural communities. Evidence indicates that the inclusion of pharmacists in patient care teams – as healthcare professionals utilizing their clinical judgment – can lead to significant improvements in patient care and reductions in total healthcare expenditures.[1] For example, antibiotic resistance is a public health issue, which has cost the nation's economy approximately $20-35 billion in direct healthcare costs per year.[2] Additionally, approximately over 20% of outpatient antibiotic use has been noted as inappropriate.[3] This could lead to additional healthcare costs and even hospitalization if not properly managed. Authorizing pharmacists to conduct test and initiation of treatment services for influenza and strep offers patients the opportunity to receive timely and accessible care within their community, but also ensures that patients receive the appropriate antibiotic or antiviral as indicated through strict adherence to evidence-based protocols. Such services have already been implemented in 17 states across the country, such as Idaho, Kentucky and Florida, allowing pharmacists to perform point of care testing and initiation of treatment based on testing results.[4] These practices have been well established as safe and effective and show that pharmacists are well-positioned and capable to help increase affordable, quality care to the community and reduce unnecessary, overwhelming healthcare costs.

NACDS also urges the state of Texas to recognize the value of broadening access to valuable preventive services, such as immunizations, via expanded pharmacist immunization authority. CDC has previously noted that the United States is well below national benchmarks for adult immunization goals. Despite modest gains in uptake for some vaccines, coverage rates did not improve for others and many adults remained unvaccinated.[5] As demonstrated in literature, extending full pharmacist authority to provide immunizations has had a tremendous impact on improving immunization rates over the last decade.[6] Thus, community pharmacies— especially under broad pharmacist immunization authority to initiate and administer all CDC/ACIP-recommended vaccinations— provide a convenient, easily accessible option for patients to receive their vaccinations. In California, a bill was recently enacted to allow pharmacists the ability to initiate FDA-authorized or approved vaccines, in addition to CDC/ACIP-recommended vaccines.[7] Additionally, more than 30 states recognize pharmacists' value in

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[1] Dalton K, Byrne S. Role of the pharmacist in reducing healthcare costs: current insights. Integr Pharm Res Pract. 2017;6:37–46. Published 2017 Jan 25. doi:10.2147/IPRP.S108047. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5774321/

[2] President's Council of Advisors on Science and Technology. Report to the President on Combating Antibiotic Resistance. Executive Office of the President. September 2014. https://www.cdc.gov/drugresistance/pdf/report-to-the-president-on-combating-antibiotic-resistance.pdf

[3] Chua K, Fischer MA, Linder, JA. Appropriateness of outpatient antibiotic prescribing among privately insured US patients: ICD-10-CM based cross sectional Study. January 2019. https://www.bmj.com/content/364/bmj.k5092

[4] NASPA 2019;

[5] Vaccination Coverage Among Adults in the United States, National Health Interview Survey, 2016. CDC. https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2016.html

[6] Drozd EM, Miller L, et al. Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates across States. Aug 2017. Clinical Therapeutics. doi: 10.1016/j.clinthera.2017.07.004. https://www.ncbi.nlm.nih.gov/pubmed/28781217

[7] California Legislature. AB 1710. Accessed October 2020. https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=201920200AB1710

expanding access to safe vaccination services by authorizing pharmacists the ability to initiate all CDC/ACIP-recommended vaccines.

Primary and preventive care services traditionally have been provided by primary care physicians, nurse practitioners, and physician assistants; however, the role of pharmacists in other states has expanded in the last several years to include screenings, health and wellness care, immunizations, treatment for minor illnesses, chronic care medication management, medication optimization, and more. Please see attached Appendix 1 for a closer look at the national landscape of pharmacist-provided services. National and federal agencies, such as the CDC and the U.S. Surgeon General, have also encouraged and recognized the value of pharmacists in an effort to collaboratively improve quality and healthcare outcomes through such services.[8,9] Pharmacists are well-positioned to be involved in transitions of care services, which can lead to lower readmissions and increased cost savings.[10] One study analyzed a pharmacist-provided transitions of care program, for a high-risk managed Medicaid population after hospitalization, and predicted a potential cost savings of $25 million to a managed Medicaid plan over a period of two years.[11] Despite their accessibility and expertise, pharmacists are often cited as a seriously underutilized asset to improve health and patient care experiences. Pharmacists reduce healthcare costs through various means from helping patients take their medications appropriately and safely to providing preventive services. Nearly half of patients with chronic illness do not take their medications as prescribed, leading to poorer health outcomes, hospitalizations, and costs of approximately $100 billion per year, showing a clear need for community pharmacists who are qualified and capable to provide the appropriate patient care services to help improve health outcomes.[12] Another review reported that the US spends more on health care than any other country, with noted estimates of $27.2 billion to $78.2 billion worth of health care waste due to failure of care coordination, and approximately $75.7 billion to $101.2 billion tied to overtreatment or low-value of care.[13] To effectively improve access to quality healthcare delivery and alleviate downstream costs, all healthcare providers, including pharmacists, should be eligible to provide quality care within communities. Furthermore, engaging pharmacists within the healthcare community also offers patients greater choices in healthcare options that are accessible and more affordable for them. Healthcare researchers, thought leaders and policymakers recognize the value of pharmacy patient care services and advocate for expansion of such care as a strategy to advance the "Triple Aim."[14] The increased accessibility and convenience, combined with the reduced cost of care for pharmacist-provided care, will greatly benefit the Texas community. It is beneficial for the state and general public health to authorize Texas pharmacists the ability to deliver and receive the appropriate coverage for patient care services delivered within the community.

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[8] A Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases. CDC. August 2012. https://www.cdc.gov/dhdsp/programs/spha/docs/pharmacist_guide.pdf

[9] 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. https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf
Surgeon General supports USPHS report on pharmacists as providers. APhA. January 2012. https://www.pharmacist.com/CEOBlog/surgeon-general-supports-usphs-report-pharmacists-providers?is_sso_called=1

[10] Rodrigues, C.R., Harrington, A.R., Murdock, N. et al. Effect of pharmacy-supported transition-of-care interventions on 30-day readmissions: a systematic review and meta-analysis. Ann Pharmacother. 2017

[11] Ni W, Colayco D, Hashimoto J, et al. Budget impact analysis of a pharmacist-provided transition of care program. J Manag Care Spec Pharm. 2018

[12] Shearer MP, Geleta A, et al. Serving the Greater Good: Public Health & Community Pharmacy Partnerships. Center for Health Security. Johns Hopkins Bloomberg School of Public Health. 2017

[13] Shrank WH, Rogstad TL, Parekh N. Waste in the US Health Care System: Estimated Costs and Potential for Savings. JAMA. October 2019. https://jamanetwork.com/journals/jama/article-abstract/2752664

[14] The Institute for Healthcare Improvement (IHI) defines the Triple Aim as a framework to describe an approach to optimizing health system performance, with the belief that new designs must be developed to simultaneously pursue three dimensions: improving patient experience (quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare.http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx#targetText=The%20IHI%20Triple%20Aim%20is,to%20optimizing%20health%20system%20performance.&targetText=Improving%20the%20patient%20experience%20of,capita%20cost%20of%20health%20care.

Conclusion:
It is vital for the state of Texas to implement the necessary health access measures that are effective, long-term solutions to providing quality patient care for their residents. Through increased engagement of pharmacies and the corresponding appropriate coverage of pharmacy patient care services through all models, pharmacies will be able to feasibly and sustainably provide the care they are recognized for within communities across the nation. TFDS and NACDS strongly urge Texas to leverage pharmacists in the delivery of patient care as it will benefit the citizens and the economy of the state. TFDS, NACDS and our member companies in Texas stand ready to engage further on this matter in an effort to protect our citizens and welcome the opportunity to discuss this issue further; for follow-up, please contact either NACDS' Mary Staples, Regional Director of State Government Affairs, at (817) 442-1155 or mstaples@nacds.org, or Janis Carter, TFDS at jcarter@carterstrategies.com or (512) 914-3652.

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Attn.: Samantha Durand and Brigitt Hartin

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RE: **INTERIM CHARGE 3**: ***Identify emerging and proven delivery system improvements and sustainable financing models that could reduce the cost of health care.***

Dear Chair Bonnen and Members of the House Select Committee:

On behalf of our members operating community pharmacies in Texas, the Texas Federation of Drug Stores (TFDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to provide written comments to the Texas Statewide Health Care Costs Committee in an effort to evaluate and reduce statewide health care costs. TFDS and NACDS applaud the Committee for their efforts to evaluate the existing infrastructure and identify opportunities to effectively utilize public dollars to deliver high quality care that Texans deserve. Through this process, TFDS and NACDS strongly urge the members of this Select Committee to recognize the value of leveraging all qualified healthcare professionals throughout the state to provide Texans convenient and affordable care.

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Value-based care networks are designed and implemented to provide greater patient care coordination and utilize pharmacists to their full ability. For example, the Community Care of North Carolina (CCNC) created the Community Pharmacy Enhanced Services Network (CPESN) via CMMI-funded grant to test new reimbursement models for community pharmacies serving Medicaid, Medicare, and dually eligible beneficiaries. This allowed pharmacies to support and provide enhanced services in order to improve access and quality of care for patients. Through the provision of a wide variety of clinical services, improved healthcare outcomes have been observed, such as decreased A1c and blood pressure levels, increased medication adherence, and ultimately, decreased downstream healthcare costs.[1] Leading healthcare policymakers have highlighted the critical need to integrate pharmacists into collaborative and emerging care models, noting that the inclusion of all skilled clinicians in the team improves patient care experience and outcomes.[2] Unfortunately, barriers to sustainability continue to challenge the scalability of these models of care throughout the nation, especially in underserved areas, due to lack of provider recognition for pharmacists and subsequent inability to sustain clinical service delivery.

Chain pharmacies and retail health clinics are accessible, cost effective healthcare destinations.[3] Furthermore, pharmacies and retail health clinics are increasingly expanding their accessibility to patients by offering telehealth services.[4] Telehealth services have been proven as a cost effective, quality way to deliver accessible healthcare to patients. This has been especially true in light of the current global pandemic. However, to ensure increased access to these services through myriad healthcare destinations, including pharmacies, could help improve uptake.[5] Clinical pharmacy care services should be supported via telehealth options whereby pharmacists can provide clinical care remotely *and* in instances where pharmacies wish to offer telehealth services from other providers of care, like primary care physicians or specialists, to patients visiting their pharmacies. Thus, TFDS and NACDS strongly urge for Texas to build on the innovation to date instead of rolling back the ability for healthcare providers, including pharmacists, to provide high-quality and convenient clinical care by leveraging advancements in technology to best serve patients.

Especially given the proven ability for pharmacists to improve access to care, quality, and reduce downstream costs, despite lacking reimbursement models for providing clinical care to date, TFDS and NACDS advocate for federal recognition of pharmacists as healthcare providers and expanded pharmacist authority to broadly provide all clinical care within pharmacists' capabilities. TFDS and NACDS applaud Texas for recognizing the value of pharmacists as providers within commercial health plans in 2019. Building off these tremendous efforts, TFDS and NACDS urge Texas to include pharmacists as eligible providers in all existing and future value-based healthcare models.

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[1] Community Pharmacy Enhanced Services Network. https://www.cpesn.com/

[2] Manolakis PG, Skelton JB. Pharmacists' contributions to primary care in the United States collaborating to address unmet patient care needs: the emerging role for pharmacists to address the shortage of primary care providers. Am J Pharm Educ. 2010;74(10):S7. doi:10.5688/aj7410s7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058447/

[3]Knapp K, Yoshizuka K, et al. Co-located Retail Clinics and Pharmacies: An Opportunity to Provide More Primary Care. June 2019. MDPI. https://www.mdpi.com/2226-4787/7/3/74/pdf

Bachrach D, Frohlich J, et al. Building a Culture of Health: The Value Proprosition of Retain Clinics. Robert Wood Johnson Foundation/Manatt. April 2015. http://www.manatt.com/uploadedFiles/Content/5_Insights/White_Papers/Retail_Clinic_RWJF.pdf

[4]Livingston S. Storefront clinics expanded telehealth gaining ground. Modern Healthcare. February 2017. https://www.modernhealthcare.com/article/20170218/TRANSFORMATION02/170219900/storefront-clinics-expanded-telehealth-gaining-ground

[5]Barnett ML, Ray KN, Souza J. Trends in Telemedicine Use in a Large Commercially Insured Population, 2005-2017. Journal of the American Medical Association. November 2018. https://jamanetwork.com/journals/jama/fullarticle/2716547

All healthcare providers should be recognized for their unique expertise within the healthcare team and utilized to their full abilities, especially as issues with access to care are observed throughout the nation. Unfortunately, pharmacists have been long excluded from opportunities to be reimbursed for the clinical care they provide, depriving patients from necessary transformation in community healthcare delivery. Unlike physicians, nurse practitioners, physician assistants, clinical nurse specialists, physical therapists, clinical psychologists, speech-language pathologists, audiologists, and nutrition professionals, pharmacists have been totally restricted in their ability to sustain clinical patient care services due to lack of recognition as healthcare providers by CMS, despite robust evidence that pharmacists improve quality of care, health outcomes, patient experience, and reduce downstream healthcare costs. Additionally, as observed within federal programs, pharmacists are capable of providing direct patient care that would result in improved access and reduced burden for physicians to focus on more complex cases. Thus, recognition and expansion of pharmacists' role within the community is vital to bridging the observed gaps in care seen throughout the nation.

Conclusion:
It is vital for the state of Texas to implement the necessary health access measures that are effective, long-term solutions to providing quality patient care for their residents. Through increased engagement of pharmacies and the corresponding appropriate coverage of pharmacy patient care services through all models, pharmacies will be able to feasibly and sustainably provide the care they are recognized for within communities across the nation. TFDS and NACDS strongly urge Texas to leverage pharmacists in the delivery of patient care as it will benefit the citizens and the economy of the state. TFDS, NACDS and our member companies in Texas stand ready to engage further on this matter in an effort to protect our citizens and welcome the opportunity to discuss this issue further. For follow-up, please contact either NACDS' Mary Staples, Regional Director of State Government Affairs, at (817) 442-1155 or mstaples@nacds.org, or Janis Carter, TFDS at jcarter@carterstrategies.com or (512) 914-3652.

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