

HELP US FIGHT THE OPIOID EPIDEMIC: RECOGNIZE PHARMACISTS AS PROVIDERS

Pharmacists are the most accessible healthcare professionals in the health care system,¹ but they are not able to bill Medicare Part B for their services. Recognizing pharmacists as Medicare providers will help combat many of the nation's most pressing public health issues, including the opioid crisis, by allowing these uniquely skilled clinicians to perform necessary medication management.

Pharmacists and their clinical medication management services are not included in the section of the Social Security Act (SSA) that allows clinicians to bill Medicare Part B. Medicare Part B covers *medically necessary* services, which is classified as ambulatory services, outpatient care, preventative services, the coverage of durable medical equipment, and intermittent and/or part-time rehabilitative and home health services.² This omission greatly hinders pharmacist's ability to provide patients with critical patient-centered services such as medication management, medication reviews, patient education, chronic disease management, disease education, and prevention and wellness services.

Government studies have shown that when other members of the health care team collaborate with pharmacists, overall health outcomes improve and health care costs go down.³⁻⁴ Pharmacists can help fight against the opioid crisis by managing and optimizing the impact of medications, review medications to tailor care plans to meet patient needs, provide recommendations for non-opioid pain management alternatives, and educate patients on prescription opioids.

Within the long-term care setting, pharmacists ensure that controlled medication accountability is maintained through recognition of medication diversion and required reporting. It is incumbent on pharmacists to take the lead in establishing methods of control and ensuring appropriate distribution and disposal of these medicines.

Unfortunately, since pharmacists are not recognized under Medicare Part B, many patients do not have access to the lifesaving medication management services that pharmacists provide.

The Pharmacy and Medically Underserved Areas Enhancement Act, S.109 and H.R. 592, is bipartisan legislation that was introduced in both chambers during the 114th and 115th Congress. This legislation has garnered consistent widespread support from both Republicans and Democrats with 55 cosponsors in the Senate and 296 cosponsors in the House last session alone. We are currently working with members on both sides of the aisle to reintroduce this critical legislation—and we're asking for your help.

By supporting legislation to recognize pharmacists as Medicare providers, pharmacists, who are already recognized by many states to provide these services, can fill care gaps that are crucial in the fight to end the opioid crisis. Let the tens of thousands of Americans suffering from opioid addiction and the millions of Americans over the age of 65 know that you care about their health. Allow pharmacists to perform the medication management that they are uniquely skilled in—your constituents need them.

1. 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.
2. Medicare.gov What Part B Covers. www.medicare.gov/what-medicare-covers/what-part-b-covers
3. Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes Through Advanced Pharmacy Practice: A Report to the U.S. Surgeon General 2011.
4. Scott MA, Hitch B, Ray L, Colvin G. Integration of pharmacists into a patient-centered medical home. *J Am Pharm Assoc.* 2011;51:161-6.

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