

REIMBURSING U.S. PHARMACISTS TO TEST AND TREAT COMMON ILLNESSES

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Can speed up treatment, increase convenience, improve access to care and decrease costs for Alaska and its residents

HEALTHCARE WORKERS ARE IN SHORT SUPPLY

The national shortage of U.S. healthcare workers (**more than 3.2 million by 2026**²) leaves many individuals without timely access to diagnosis and treatment services for low acuity respiratory symptoms.

Pharmacist test and treat services can help free up specialized medical technologists across the health system for priority testing and treatment of life-threatening illness.

"HEALTHCARE DESERTS" COMPOUND THE PROBLEM

Nearly **75 million people**, or almost one-third of the population, reside in one of the **7,475** Primary Care Health Professional Shortage Areas (HPSAs) across the U.S.¹ HPSAs can be both rural and urban, and have limited access to basic medical services.

IN ALASKA THERE ARE

287.7 THOUSAND

people living in

333

Healthcare Primary Care Professional Shortage Areas (HPSAs)¹

112.9 THOUSAND

Medicare enrollees, or

15.0%

of the population³

44 THOUSAND

Estimated Medicare enrollees experiencing challenges to access care in HPSAs*

PHARMACISTS ARE FILLING THE VOID, ESPECIALLY IN RURAL AND UNDERSERVED COMMUNITIES



89%

of Americans live within **5 miles** of a pharmacy⁴



62

Alaska pharmacies with CLIA-waivers to perform diagnostic tests⁵

Since 2020, pharmacists have delivered over

42 MILLION

respiratory illness tests, establishing a **nationwide network for rapid testing**⁶

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

\$523⁷

\$1,535⁷

Pharmacy test and treat
(assumes 20% co-pay)

\$28.70

\$143.50^{8,9}

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

\$1 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 (287,657 people in HPSA¹ / 733,406 census population¹⁰) x 112,886 Medicare enrollees³.

Assumes distribution across HPSAs consistent with general population.

** (ED Health System Payment (\$1,535-\$523⁷) - Pharmacy test and treat (\$143.50-\$28.70⁸)) x (112,886 Medicare enrollees³ x .01)

***\$523 out-of-pocket cost for ED visit⁷ vs. \$28.70 out-of-pocket cost for pharmacy test and treat⁸

TEST AND TREAT AT THE LOCAL PHARMACY CAN REDUCE COST AND OFFER HIGH-QUALITY, CONVENIENT CARE



REDUCED COST

Pharmacy test and treat services have the potential to reduce health system costs as well as out-of-pocket expenses for patients. These services, if reimbursed at current cash pay prices, would be **similar to costs for low acuity urgent care or primary care office visits**.

Patients who do not have access to a primary care doctor will have the opportunity to be quickly diagnosed and treated, so their respiratory **symptoms do not progress into a more serious and costly health care condition** such as bronchitis or pneumonia.¹¹⁻¹³

Patients and insurers will receive the full clinical benefit of money spent on COVID-19 and influenza **treatments which are only effective if started within 2-5 days of symptom onset**.¹⁴⁻¹⁶ Studies have shown that treatment within 48 hours for the Flu can shorten the duration, severity and cost of the illness.¹⁷

Individuals who live in medical provider shortage areas will have an **alternative to using the ER for respiratory infections** which are common and generally uncomplicated if diagnosed and treated early.¹⁸



HIGH QUALITY CARE

Pharmacist education includes the **extensive study of diseases, their diagnosis, and corresponding treatments**.¹⁹

All states **mandate that pharmacists maintain their clinical expertise** through continuing education credits, and many states require pharmacists providing test and treat services to complete additional training.^{19,20}



CONVENIENCE

Pharmacies are often located near homes, along bus lines or within locations people already frequent daily, like grocery and convenience stores. Reimbursing pharmacists to test and treat will **empower patients to seek care** at drug stores nearby, making convenience even greater.

Pharmacists can **speed up diagnosis and treatment** of common illnesses by offering both services in a single location. Immediate treatment can help patients get well sooner, allowing them to **return to work or school more quickly**.

Pharmacies have **flexible hours** beyond just the traditional workday, with many open on weekends or even 24/7. They can provide test and treat services during hours other care may not be available, **especially in parts of the country that lack other flexible options** (e.g. urgent care, after hours clinics).

LEGISLATIVE ACTION IS NEEDED

| Respiratory testing access with pharmacists nationwide is at risk

Without action, pharmacies will lose their incentive to maintain their testing infrastructure, causing a **significant loss in availability of test and treat services needed during respiratory illness seasons** when preventing the spread of infection is most important for seniors. Ultimately, patient outcomes may suffer.^{21,22}

Across the U.S., more than 7,000 pharmacies have closed since 2019. Experts say they can leave behind communities that have come to depend on them as trusted sources of care and advice - both of which can be hard to find in many urban and rural areas.²³

Reimbursement of pharmacy test and treat services can help offset losses from reduced dispensing reimbursement and DIR (direct and indirect remuneration) reform.²⁴

H.R. 1770 / S. 2477 EQUITABLE COMMUNITY ACCESS TO PHARMACIST SERVICES ACT

Authorizes pharmacists to **receive reimbursement for low-acuity respiratory illness** services for seniors and others receiving Medicare²⁵

- Does not provide Medicare reimbursement for all services such as medication, chronic disease management, health and wellness screening, and education
- Does not recognize pharmacists as health care providers for all Medicare patients
- **Does not supersede state scope of practice laws**²⁶

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