

January 11, 2010

The Honorable Harry Reid  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Max Baucus  
Chairman  
Senate Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Charles Grassley  
Ranking Member  
Senate Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Tom Harkin  
Chairman  
Senate Committee on Health, Education, Labor, and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Mike Enzi  
Ranking Member  
Senate Committee on Health, Education, Labor, and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Steny Hoyer  
Majority Leader  
United States House of Representatives  
Washington, DC 20511

The Honorable Charles Rangel  
Chairman  
House Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Dave Camp  
Ranking Member  
House Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable George Miller  
Chairman  
House Committee on Education and Labor  
United States House of Representatives  
Washington, DC 20515

The Honorable Buck McKeon  
Ranking Member  
House Committee on Education and Labor  
United States House of Representatives  
Washington, DC 20515

The Honorable Henry Waxman  
Chairman  
House Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Joe Barton  
Ranking Member  
House Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

Dear Chairmen and Ranking Members:

The American Association of Colleges of Pharmacy congratulates each of you on the progress of healthcare reform legislation. We realize that such far-reaching legislation creates opportunities and challenges. Your attention to the needs of the American public is articulated in each Chamber's expectation that final legislation moves our healthcare system toward increased access to coverage that provides value to patients and places a significant responsibility on individuals to engage in healthy behaviors.

**Essential benefits**

**HR 3962**  
Section 112

**HR 3590**  
Section 4303

**Medication Therapy Management**

**HR 3962**  
Section 1907  
Section 2528

**HR 3590**  
Section 3021

Section 3503  
Section 10328

We strongly encourage you to continue seeking opportunities to expand the public's access to evidence-based services, such as medication therapy management (MTM), that support and improve adherence to medication regimens. Both House and Senate legislation recognize the importance of MTM services as an opportunity to improve the quality of care patients receive and make the best use of prescription drugs, an element of healthcare delivery that is costly if not managed appropriately. Pharmacy faculty look forward to continuing their research regarding the delivery of MTM services and the development of quality measures that will support an evidence-based delivery system. Therefore we support and encourage the inclusion of provisions that expand access to MTM services and specifically ask that HR 3962 Section 2528 and HR 3590 Section 3503 remain in the final legislation.

### **Care-coordination Models**

#### **HR 3962**

Section 1301  
Section 1302  
Section 1312  
Section 1722  
Section 1730A

#### **HR 3590**

Section 2703  
Section 2706  
Section 3022  
Section 3024

Improving the coordination of a patient's care can improve the quality of care. We are pleased that the committee recognizes that access to the care that a patient needs should be based on science and evidence, and that evidence increasingly indicates that patients, especially those with a chronic illness, have a primary need for improved medication adherence. Integration of clinical pharmacy services, across the continuum of a patient's care, especially at transitions of care, has the potential for improving patient and economic outcomes related to medication use. It is exciting for academic pharmacy to see the inclusion of clinical pharmacy services and the delivery of medication management recognized as a primary service to which a chronically ill patient should have access. The research and service elements of faculty have successfully contributed to the inclusion of clinical pharmacy services, including MTM and medication reconciliation, and monitoring patient outcomes, within a variety of care settings. Ensuring access to these services is an expectation of care-coordination models in both House and Senate legislation. These models include a variety of approaches within the concepts of accountable care organizations (ACO) and medical/health homes. Therefore, we strongly support and encourage the inclusion of provisions that authorize the establishment and evaluation of ACOs and medical homes in the final legislation.

### **Prevention and Wellness**

#### **HR3962**

Section 3111  
Section 3131  
Section 3132  
Section 3142  
Section 3143  
Section 3151

#### **HR 3590**

Section 4002

Section 4003(a)  
Section 4003(b)  
Section 4301

**Comparative Effectiveness Research  
Patient-centered Outcomes Research**

**HR 3962**  
Section 1401

**HR 3590**  
Section 6391

Pharmacy faculty, through their research, are also prepared to assist in closing the knowledge-gap around issues related to both clinical and community prevention and wellness services and programs, ensuring best practices related to services and products through comparative effectiveness research, and improving the overall quality of care to which patients have access. Therefore, we support and encourage the inclusion of an explicit funding mechanism to support the development, implementation and evaluation of both clinical and community prevention services and programs as outlined in both the House and Senate legislation. We further support authorizing language for the establishment of clinical and community preventive services task forces to support the development of a national prevention and wellness strategy and the Senate provision that authorizes the Secretary to undertake the development of a national quality strategy.

It is of importance to note that today's pharmacy graduates have a substantial grounding in public health. This important component of the professional pharmacy curriculum is supported through educational outcomes and required through accreditation standards. The national licensure exam that pharmacists are required to take now includes 11% of its questions relevant to public health. This creates a significant cohort of health professionals educated and competent to assist local, state and federal public health agencies in implementing the prevention and wellness provisions that will surely be included in final legislation.

**Health Professions Workforce and Education**

**HR 3962**  
Section 2241  
Section 2251  
Section 2252  
Section 2261  
Section 2271  
Section 2523

**HR 3590**  
Section 3508  
Section 5101  
Section 5102  
Section 5103(b)  
Section 5103(c)  
Section 5305  
Section 5307  
Section 5401  
Section 5403

Academic pharmacy is a leader in the creation of interprofessional educational opportunities. This leadership is a recognition of the 2003 Institute of Medicine report, "Health Professions Education: A

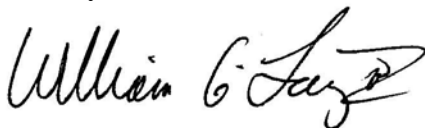
Bridge to Quality,” and the report’s recommendations that a key to improving healthcare quality rests in educating healthcare professionals to provide patient-centered, team-based care. Therefore, we strongly encourage the inclusion of the health professions education provisions within the House and Senate legislation that encourage and support the development, implementation and evaluation of interprofessional health professions education curricula related to cultural and linguistic competency, public health, caring for the disabled, caring for the underserved, providing medication therapy management and implementation of medical home models in the final legislation. We are pleased that both chambers support the reauthorization of the Geriatric Education Centers and Area Health Education Centers programs.

Interprofessional education and the opportunity it provides to engrain team-based, collaborative care delivery focused on the needs of the patient also provides a new way of approaching the demand for healthcare professionals. As stated repeatedly, the demand for almost every healthcare professional will remain high for the foreseeable future. Utilizing the education and competence of professionals to the greatest extent can help assure appropriate access to the services that a patient needs to prevent illness, manage current illness and ensure high quality care for acute illness. We need to address the maximization of health professionals nationally and strategically. Both the House and Senate legislation contain provisions that recognize that maximizing the knowledge and scope of practice of all health professions can lead to improved quality of care and potentially reduce unnecessary care, reduce the potential for medical errors and adverse events, and even lend itself to the reduction of our legal system to resolve healthcare-related problems. Therefore we strongly encourage and support the inclusion of provisions that authorize:

- the establishment of a national body with the responsibility of creating a national health professions workforce strategy;
- the establishment of a national center for healthcare workforce analysis;
- telehealth and telemedicine programs;
- payment for accredited diabetes educators;
- increased loan repayment for health professions faculty from disadvantaged backgrounds; and
- loan repayment for health professionals willing to serve in healthcare needs areas.

Thank you for the time and attention that you, your personal staff and your committee staff have given AACP and its members during this process of healthcare reform legislation development and resolution. Pharmacy faculty and students will remain an essential resource for the successful implementation of final legislation. Please do not hesitate to contact Will Lang, AACP vice president of policy and advocacy, at [wlang@aacp.org](mailto:wlang@aacp.org) if you need additional information or have questions regarding the requests included in this letter.

Sincerely,

A handwritten signature in black ink that reads "William G. Lang IV". The signature is written in a cursive, flowing style.

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