

April 12, 2022

The Honorable Ron Kind  
United States House of Representatives  
1502 Longworth House Office Building  
Washington, DC 20515

The Honorable David McKinley  
United States House of Representatives  
2239 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives Kind and McKinley:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our opposition to H.R. 7213, the “Equitable Community Access to Pharmacist Services Act,” which would inappropriately expand Medicare payment for pharmacists in limited but significant ways and undermine state scope of practice laws and the ability of states to regulate pharmacists.

The AMA strongly supports the team approach to patient care, with each member of the team playing a clearly defined role as determined by his or her education and training. While we greatly value the contribution of pharmacists to the physician-led care team, their training is not equivalent to the four years of medical school, three to seven years of residency training, and 10,000-16,000 hours of clinical training that is required of physicians. But it is more than just the vast incompatibility in terms of hours of education and training, it is also the difference in the curriculum and clinical training of medical school and residency and the curriculum and experiential training of pharmacy programs. In order to be recognized as a physician with an unlimited medical license, medical students’ education must prepare them to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle.<sup>1</sup> By gradually reducing teaching physician oversight, residents are able to develop their skills with progressively increasing autonomy, thus preparing these physicians for the independent practice of medicine. As such, 95 percent of U.S. voters in a recent survey say it is important to them for a physician to be involved in diagnosis and treatment decisions.<sup>2</sup> A pharmacist is trained in collaboration with and as part of an interprofessional team; they are not trained to perform patient examinations, diagnose, formulate a treatment plan, prescribe, or initiate drug therapies. Therefore, pharmacists should not be able to diagnose, prescribe or dispense prescription medication without a valid order by a licensed physician.

Each member of the physician-led health care team has an important role to play while working together to ensure improvements in patient care, and COVID-19 does not necessitate or automatically require the degradation of state scope of practice laws. H.R. 7213 would allow pharmacists to test and initiate drug regimens for influenza, respiratory syncytial virus, or streptococcal pharyngitis. It would also allow pharmacists to administer vaccines and provide related services for COVID-19 or influenza, address public health needs related to public health emergencies, and provide services as determined by the

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<sup>1</sup> [https://medicine.vtc.vt.edu/content/dam/medicine\\_vtc\\_vt\\_edu/about/accreditation/2018-19\\_Functions-and-Structure.pdf](https://medicine.vtc.vt.edu/content/dam/medicine_vtc_vt_edu/about/accreditation/2018-19_Functions-and-Structure.pdf).

<sup>2</sup> <https://www.ama-assn.org/system/files/ama-scope-of-practice-stand-alone-polling-toplines.pdf>.

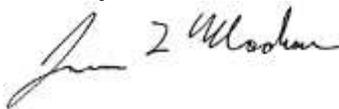
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Secretary of the Department of Health and Human Services for undefined programs, including closing the gaps in health equity. This extensive list is ill-defined and has the potential to vastly expand pharmacists' scope of practice beyond state licensure laws that have been thoughtfully put in place, most often by the state board of pharmacy. Moreover, pharmacists, though trained in the chemical components of medication, do not have the holistic or comprehensive medical knowledge of physicians. As such, allowing pharmacists, simply because they are licensed in a specific state in that profession, to initiate drug regimes, administer drugs, and provide ill-defined services, could cause major complications for patients when their complete health is not adequately considered. In fact, select COVID-19 therapeutics, while highly effective, are accompanied by multiple pages of information related to drug interactions which may negatively impact an individual's health if their complete health history is not adequately considered. Other antiretroviral medications should not be administered to patients under 18 or used during pregnancy or while breastfeeding. The simple fact is that COVID-19 is a complicated disease that has killed nearly one million people in the United States.

Physician-led team-based care has a proven track record of success in improving the quality of patient care, reducing costs, and allowing all health care professionals to spend more time with their patients. We are concerned that the policy changes within H.R. 7213 are in conflict with this approach to health care delivery and could result in patients forgoing holistic wellness exams, comprehensive preventive care, early diagnosis, and optimal therapy, which could have devastating long-term consequences. With millions of Americans forgoing all types of wellness visits and preventive screening exams over the last 24 months due to various shutdowns and fear of contracting COVID-19 stemming from in-person appointments, Congress should be focused on advancing policies that encourage patients to visit their physicians for routine care.

We appreciate your consideration of our position on H. R. 7213 and would be happy to discuss further our aforementioned concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD