



## “The Equitable Community Access to Pharmacists Services (ECAPS) Act”

### Background

Millions of Americans already lack adequate access to health care due to primary care physician shortages in their communities, despite many of these patients having health insurance coverage.

As the COVID-19 response demonstrated, there is clear evidence that pharmacies & pharmacists do fill this void of critical health care service needs during times of public health emergencies. Last Congress there were several bills (**S. 1362, H.R. 2759, H.R. 7213**) to address this need by allowing pharmacists both in Medicare Part B medically underserved areas and under permanent PREP Act authority to provide health care services within their States’ existing practice scope authority & be reimbursed at 85% of the Part B physician fee schedule.

In 2023, because of the continuing need for COVID related care, the HHS Secretary extended the PREP Act authority for pharmacies and pharmacists through the end of 2024. Still, permanent statutory Medicare provider billing status authority for pharmacists is needed to address the demands for future public health emergencies.

The COVID-19 response demonstrates that pharmacists having a greater role in healthcare delivery can be quantified as a net benefit if the federal allows them to fully participate as recognized providers.<sup>1</sup> Congress needs to act to demonstrate in Medicare how Pharmacists who practice at the fullest extent of their education, training, and license, can: 1) save the Federal Government money; 2) help their Medicare patients achieve better health outcomes; 3) reduce illness or more intensive health care service needs; and 4) also provide the country with the full array of available licensed and trained health care professionals to respond to future public health emergencies.

### Solution

The bi-partisan “The Equitable Community Access to Pharmacists Services Act” (**H.R. 1770/S. 2477**) would ensure that HHS extends PREP Act treatment authorities for COVID-19 services after the end of the Public Health Emergency for pharmacist and other pharmacy professionals and creates a permanent pharmacist provider authority for such services whenever a national public health emergency is declared by HHS.

The legislation does not expand services beyond each States’ already existing Pharmacists’ practice scope. Pharmacist services would be reimbursed at 85% of the physician fee schedule.

Community pharmacists can play a continually increasing and integral role in bringing cost-effective access to care to those areas of the country, and beneficiaries, who need it most especially when, as we’ve seen with COVID-19, the national health care delivery system can only stem such public health emergencies when all available health care professionals – especially pharmacists – are legally able to provide such services.

**IPC asks Congress during the upcoming post-election “lame duck” session to enact H.R. 1770/S. 2477 into law before the temporary PREP Act authority expires at the end of 2024 to ensure pharmacists can be part of future public health emergency response needs to save lives.**

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<sup>1</sup> [APhA releases survey results quantifying the impact of PBMs \(pharmacist.com\); Trends in Vaccine Administration in the United States - IQVIA](#)