



November 19th, 2020

Dear Executive Director Bimestefer,

As shared in an earlier letter to your department on August 7th, the Colorado Pharmacists Society and the pharmacists we represent continue to provide direct patient care and play an important role in combating the COVID-19 pandemic.

Now, and in response to a letter sent out by your department on November 4th, 2020 pleading for new Medicaid providers, the Colorado Pharmacists Society would like to offer our partnership. In community health centers and primary care clinics, clinical pharmacists are imbedded providers, part of the medical team, providing direct patient care and chronic medication managements for diseases such as hypertension, diabetes, dyslipidemia, and opioid use disorders. The Colorado Pharmacy Practice Acts allows pharmacists with advanced training and/or certifications to provide such care. In fact, there is a plethora of data substantiating the fact that pharmacists are uniquely trained to provide chronic medication management and patient outcomes are improved in such situations.

Pharmacists can help ease the shortage and are already trained to do so. Unfortunately, as it stands now and currently operates, the model of care is not sustainable. Pharmacists are not eligible to be reimbursed or bring revenue to clinics for primary care services under current Medicaid rule – as they are under some private plans. Pharmacists already provide telehealth and in-person visits as outlined above to manage chronic diseases and free up physician or other providers to see patients for acute care visits. But currently we do it for free, our positions often being grant funded or supported by other entities. We could broadly help ease the shortage of providers if we were included as an “other provider” for reimbursement and revenue streams for the clinics we work in. This is not adding cost to the healthcare system, but rather shifting care to utilize healthcare providers appropriately.

It is critical we allow pharmacists to help the 1,277,431 lives that are currently covered by the state’s Medicaid plan and help alleviate the shortage of Medicaid providers. This can be a sustainable model only through parity of reimbursement and not discriminate against any available healthcare provider. Pharmacists are the second most highly trained health care professional, second only to physicians. We are ready and equipped to help.

Thank you for your continued work and understanding of how critical pharmacists’ help can be in easing the primary care provider shortage.

Sincerely,

**Emily Zadvorny, PharmD, BCPS**

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