



**REAR ADMIRAL KELLY BATTESE
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In response to the AMA's concerns about scope creep in pharmacy practice, it's important to recognize the urgency and need for collective action in addressing the health disparities impacting our communities. Racial and ethnic minority communities continue to be disproportionately affected by conditions such as heart disease, cancer and HIV/AIDS resulting in poor health outcomes. ¹ For example, Black and Hispanic/Latino people account for the majority of people for whom HIV PrEP is recommended but have the lowest rates of PrEP use among all racial/ethnic groups. Another example, according to the CDC, American Indian and Alaska Native people have the lowest life expectancy compared with other racial and ethnic groups.^{1a} Disparities like these are emblematic of access to care gaps as well as other social determinants of health which pharmacists have had a historic role in addressing. Since the 1930s, evidence-based practices across federal (i.e., Indian Health Service (IHS), Federal Bureau of Prisons (BOP), Immigration and Customs Enforcement (ICE), United States Coast Guard, Veteran's Health Administration) healthcare settings have highlighted the profound impact of interprofessional collaborative practices towards improving patient outcomes across the healthcare landscape. ²

The United States Public Health Service National Clinical Pharmacy Specialist Committees [publication](#) in 2019 is one such report underscoring the value of collaborative practice agreements (CPA) in improving clinical outcomes in chronic disease management. ³All 50 states currently have legislation allowing pharmacists and other prescribers to enter into CPA's, creating efficiencies, patient-centered, team-based care and utilizing a pharmacist's medication expertise to improve patient outcomes such as medication adherence, hospital re-admissions and prevention of adverse drug events.

Pharmacists are integrated into a variety of settings, not exclusive to community pharmacies. Their practice is also varied, and they can specialize and receive board certification in 14 different specialties such as oncology, geriatrics, and ambulatory care. Pharmacists rely on their knowledge, experience, judgment, and ongoing reviews of high-quality, evidence-based, peer-reviewed published literature to provide care to their patients. This expertise has been formed through six to eight years of collegiate and doctoral-level training, including over 1,700 hours of hands-on experiential education in patient care settings. Every year, thousands of pharmacists successfully finish a clinical residency program, with more than 4,000 such programs available nationwide.

Trusted by patients to provide accurate and timely medical advice, pharmacists have been on the leading edge of healthcare accessibility at critical times. Throughout the COVID-19 pandemic, pharmacists provided over 350 million clinical interventions to more than 150 million people through countermeasures that included test-to-treat, antibody therapeutics, vaccinations and more.⁴ Several

¹ National Center for Health Statistics. Health, United States, 2020–2021: Annual Perspective. Hyattsville, Maryland

^{1a} National Center for Health Statistics, CDC, 2022. <https://www.cdc.gov/nchs/fastats/american-indian-health.htm>

² Giberson S, Yoder S, Lee MP. Improving patient and health system outcomes through advanced pharmacy practice. A report to the U.S. Surgeon General 2011

³ Bott AM, Collins J, Daniels-Costa S, et al. Clinical Pharmacists Improve Patient Outcomes and Expand Access to Care. *Fed Pract.* 2019;36(10):471-475

⁴ Grabenstein JD. Essential services: Quantifying the contributions of America's pharmacists in COVID-19 clinical interventions. *J Am Pharm Assoc (2003).* 2022;62(6):1929-1945.e1

states, such as California, New Mexico, North Carolina, Idaho, and Montana, have observed the advantages of broadened scope and autonomous practitioners while states such as Tennessee have expanded pharmacists' scope of practice.⁵ These states have acknowledged that pharmacists are frequently the most accessible healthcare providers, particularly in underserved areas. Expanding their scope of practice can aid in mitigating inequalities in healthcare access and enhancing health equity for all patients.

In our nation, we are battling multiple issues causing health disparities such as the [opioid epidemic](#), surging cases of [syphilis](#), and mental health concerns in addition to heart disease, cancer, and diabetes. It is time for unity amongst our professions, where the public health of our nation is at the focus of our efforts.⁶ We need to work synergistically to achieve what no profession can achieve on their own. We all know that shortages of healthcare providers abound – The Association of American Medical Colleges reported a shortage of ~ 40, 000 primary care physicians by 2030.⁷ We advocate for pharmacists to provide the care they are trained to provide and for public and private payers to ensure access to this care for patients by covering pharmacists' services. We do not want your scope, rather we want your partnership and collaboration. We want everyone's scope focused on the health of our nation. In the end, it's crucial that we come together, united in our efforts to combat disease and illness.

In the service of health,



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The [USPHS Commissioned Corps](#) is one of the eight uniformed services and is part of the U.S. Department of Health and Human Services. Public Health Service officers serve throughout the federal government to provide essential health care services to underserved and vulnerable populations, respond to public health emergencies or global emergencies, and lead public health programs and policy development.

⁵ [Tennessee governor signs expansion of pharmacy scope of practice into law | NCPA](#)

⁶ [Healthy People 2030 | health.gov](#)

⁷ [Research Shows Shortage of More than 100,000 Doctors by 2030 | AAMC](#)

