

Professional Regulation of Health Care Providers: To what extent might professional regulations unnecessarily restrict the scope of practice of non-physician or non-dentist health care professionals? As stated by NACDS, professional regulations may restrict scope of practice by requiring additional training/credential requirements prior to allowing practice within this scope. This can result in pharmacists not providing expanded services that they have been trained to provide because their training program does not have the correct certifications after completion.

Additionally, although the clinical training that pharmacists receive prior to licensure meets national standards, the scope of practice varies tremendously from state to state. What may be commonplace in one state (e.g. vaccine administration to those under 18) may not be allowed in other states. Although pharmacists graduate with a standard set of skills and knowledge, there is no standard scope of practice. We support quick access and low cost ability to expand the scope of practice for pharmacists.

Professional Regulation of Health Care Providers: How do professional regulations affect reimbursement for health care services? Do professional regulations lead to reimbursement policies that reduce incentives for health care competition?

If a professional is not recognized as a healthcare provider due to restrictions on their professional provider status, they often are limited in their ability to bill under existing standards for their services and lack incentive to expand services. Additionally, these billing formats often become a way of sharing data with a payer (health plan or PBM) and from this data measure a payer's quality performance. If a pharmacist is not able to bill for their services using such standard formats at D.O or CMS 1500, but elects to provide the service then the payer may not receive 'credit' for the service. For example, for Medicare Star Ratings, if pharmacists aren't able to document and bill the plan for a comprehensive medication review it may not count towards the CMR Completion Rate display measure. In turn, this could make pharmacists a less desirable provider to payers.

Innovations in Health Care Delivery: What are the competitive implications of the increased use of retail clinics on the supply of services, cost, quality, and access to care?

With more individuals now insured through the ACA finding a place for care becomes difficult and increases wait times. Increasing wait times makes it difficult for the hourly paid individual to make a living and get quality healthcare services. Increased access to these services at retail clinics helps to solve the cost, quality and access to care problem.

Advancements in Health Care Technology: Do innovators in health information technology face barriers to entry? If so, are these barriers significant impediments to competition? How might these barriers be reduced?

Outdated federal laws and regulations slow adoption to newer technologies and create barriers (Electronic Prescribing of Controlled Substances, for example).

Price Transparency of Health Care Services: What is the relationship between transparency of price and quality information? Is price information more meaningful to patients, providers, and other health care decision-makers when combined with quality information? Do pricing data alone provide sufficient information to enable meaningful healthcare decisions?

Price information is meaningful to both patients and providers. For patients, unlike in a pharmacy or a retail clinic, there is often little or no pricing data available to enable meaningful healthcare decisions. For providers, including pharmacy, reimbursement from health plans is not transparent making it difficult to make meaningful healthcare decisions.