

## **ICHHP Position Statement - The Pharmacist as a Healthcare Provider**

The Illinois Council of Health-System Pharmacists (ICHHP) supports the passage of provider status legislation recognizing pharmacists as healthcare providers under the Social Security Act and by health insurance carriers. Furthermore, ICHHP recommends health systems create a process for credentialing and privileging of pharmacists to obtain provider status. (ASHP statement)

In the process of providing direct patient care, pharmacists provide medication-related care for the purpose of improving patient outcomes. To accomplish this, pharmacists establish relationships with patients to ensure the appropriateness of medication therapy and patients' understanding of their therapy. In addition, pharmacists identify and help patients overcome barriers to adherence, assist in the coordination of medical care, and ensure the continuity of patient care. To optimize therapy, pharmacists monitor the effects of patients' medications and make recommendations and changes to medication therapy when appropriate.

Pharmacists participate in collaborative drug therapy management entering into agreements with physicians who authorize pharmacists to select appropriate medication therapies and adjust doses based on patient characteristics, diagnosis, and response to treatment.

Provider status would allow pharmacists to be reimbursed under the Medicare Part B benefit for providing cognitive services to patients covered under the program. The current Medicare Part D program reimburses pharmacies for pharmacists providing medication therapy management (MTM) to a select subset of patients. This program is however, limited and encompasses only a small set of the services pharmacists provide.

ICHHP supports ASHP's position statement 1502 and 2423 referring to prescribing authority for qualified pharmacists.

Historically, recognition as a healthcare provider under the Social Security Act has been inextricably tied to direct financial compensation for services delivered. Currently, the following providers are recognized in the Social Security Act: physicians, audiologists, certified nurse midwives, certified registered nurse practitioners, certified registered nurse anesthetists, physician assistants, licensed clinical psychologists, licensed clinical social

workers, physical and occupational therapists, and registered dietitians/nutrition professionals.

References: 1502 2433 ASHP position statements

1. Garrett, D. G., & Bluml, B. M. (2005). Patient self-management program for diabetes: first-year clinical, humanistic, and economic outcomes. *Journal of the American Pharmacists Association*, 45(2), 130-137. Manolakis PG, Skelton JB (2010) Pharmacists' contributions to primary care in the United States collaborating to address unmet patient care needs: the emerging role for pharmacists to address the shortage of primary care providers. *Am J PharEduc* 74(10), doi:10.5688/aj7410S7, pmid:21436916. S7
2. Riordan DO, Walsh KA, Galvin R, et al. (2016) The effect of pharmacist-led interventions in optimizing prescribing in older adults in primary care: a systematic review. *SAGE Open Med* 4:2050312116652568, doi:10.1177/2050312116652568, pmid:27354917.
3. White, C. M. (2014). Pharmacists need recognition as providers to enhance patient care. *Annals of Pharmacotherapy*, 48(2), 268-273.
4. Law, A. V., Qkamoto, M. P., & Brock, K. (2008). Perceptions of Medicare Part D enrollees about pharmacists and their role as providers of medication therapy management. *Journal of the American Pharmacists Association*, 48(5), 648-e4.
5. ASHP Policy Position Statements 1502 and 2433 <https://www.ashp.org/-/media/assets/policy-guidelines/docs/browse-by-document-type-policy-positions-with-rationales-pdf.pdf> Accessed 2/25/25

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