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April 23, 2024

The Honorable Bernie Sanders
Chairman
U.S. Senate Committee on Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Sanders,

Thank you for your leadership on healthcare issues, and for your April 9, 2024, invitation to Long COVID Stakeholders to provide input on your Long COVID legislative proposal.

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of more than 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

ACCP's members practice in a variety of team-based settings, including ambulatory care environments, hospitals, colleges of pharmacy and medicine, the pharmaceutical industry, government and long-term care facilities, and managed care organizations. Our focus is the optimization of medication regimens to achieve patient-centered therapeutic goals.

ACCP applauds you for highlighting the fact that an estimated minimum of 22 million adults in America are currently suffering from Long COVID and experience a variety of symptoms from cognitive impairment and extreme fatigue, to life-threatening cardiovascular and neurological challenges.

While older patients with pre-existing comorbidities who required hospitalization for COVID-19 are at greatest risk for Long COVID, younger patients are also subject to residual effects given the variety of symptoms associated with post COVID conditions. It is now estimated that between 10% and 20% of patients who contract COVID-19 will have a new disability after discharge, which may make the return to work difficult and create financial insecurity beyond loss of income and health care benefits.¹

A 2022 paper published in the *Journal of the American College of Clinical Pharmacy (JACCP)* titled “*A primer on Post-COVID-19 conditions and implications for clinical pharmacists*”² explores how clinical pharmacists are essential team-members in optimizing management of patients suffering from a wide range of lingering symptoms collectively known as “post-COVID conditions”. The recognition of these conditions as a clinical entity represents the first step in developing a targeted plan for recovery and symptom mitigation.

Providing Leadership in Clinical Pharmacy Practice and Research

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Michael S. Maddux, Pharm.D., FCCP, Executive Director

¹ Kuodi P, Gorelik Y, Zayyad H, et al. Association between vaccination status and reported incidence of post-acute COVID-19 symptoms in Israel: a cross-sectional study of patients tested between march 2020 and November 2021. medRxiv 2022; January 5, 2022. 22268800

² Cluck D, Covert KL, Wagner JL, Chastain DB. A primer on Post-COVID-19 conditions and implications for clinical pharmacists. J Am Coll Clin Pharm. 2022;5(7):716-724. doi:10.1002/jac5.1655

While symptoms of acute COVID-19 can occur for up to four weeks after the onset of illness, some hospitalized and non-hospitalized survivors experience new, recurrent, or persistent pulmonary, cardiovascular, dermatologic, renal, nervous system, and psychological manifestations four or more weeks after COVID-19 infection preventing return to baseline health.³

Clinical pharmacists are a vital addition to the care team managing the transition-of-care process as patients are discharged from the hospital and re-enter the community. Medications that may have been utilized for acute COVID-19 may no longer be appropriate at the time of discharge. This is an opportunity for clinical pharmacists to intervene and collaborate with other health care professionals to optimize patient care and prevent possible harm.

Further, patients who develop post-COVID conditions may benefit from additional therapies to mitigate their new COVID manifestations; however, these medications must be initiated mindfully, both regarding drug clearance but also with regard to clinically significant interactions with other drugs or disease states. Clinical pharmacists are uniquely positioned to not only evaluate evolving post-COVID literature, but also to balance these new treatment modalities or old treatment options for new indications with existing chronic disease states.

Although interventions to directly minimize or reduce new, recurrent, or persistent symptoms are currently unknown, clinical pharmacists can help safeguard pharmacoequity to ensure that all patients - regardless of race, ethnicity, socioeconomic status, or availability of resources - are treated with the optimal medication regimen, have access to their medications, and can use their medications to manage their health conditions.⁴

COVID-19 infection now also has implications for chronic care under the Medicare program - catapulting previously healthy patients into a state of chronic disease and altering how we care for them moving forward. Although mortality can be an outcome of acute infection, quality of life, represented by quality-adjusted life years (QALYs) and disability-adjusted life years (DALYs), are long-term markers which should be captured in patients with Long COVID.

Thank you again for your leadership on Long COVID. ACCP's members include many leading experts in this important area. As questions arise regarding the pharmacologic management of Long COVID, please don't hesitate to contact us. Our 16,000 clinical pharmacist members look forward to working with you to improve medication use in America.

Sincerely,



John McGlew
Senior Director, Government Affairs

Cc: Michael S. Maddux, Pharm.D. FCCP, Executive Director

³ WHO. A clinical case definition of post COVID-19 condition by a Delphi consensus, October 6, 2021, Available from https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1. Accessed 4/18/2024.

⁴ GTMRX Pharmacoequity Infographic. Accessed 12/4/2023. Available [here](#)