



August 2, 2024

The Honorable Diana DeGette
House of Representatives
2368 Rayburn House Office Building
Washington, DC 20515

The Honorable Larry Bucshon
House of Representatives
2368 Rayburn House Office Building
Washington, DC 20515

Submitted electronically via: cures.rfi@mail.house.gov

Dear Representatives Buschon and DeGette:

On behalf of the American College of Clinical Pharmacy (ACCP) and the Colorado Pharmacists Society (CPS), I am writing to voice our ongoing support for Cures 2.0 legislation that would modernize access and coverage to innovative therapies.

We would like to highlight the importance of a specific provision included in the original Cures 2.0 bill *Section 408. Medicare Coverage for Consultations*, that would establish a pilot program to cover pharmacogenetics consultations delivered by qualified clinical pharmacists.

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 over 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

The Colorado Pharmacists Society, the only CO state-level professional pharmacy association, improves patient care and public health by advancing and supporting the professional practice of pharmacy while serving as the voice of pharmacy in Colorado. CPS provides support and services to over 1100 member pharmacists, technicians and associated pharmacy professionals.

It is estimated that \$528 billion dollars a year, equivalent to 16 percent of total health care spending¹, is consumed due to inappropriate or otherwise ineffective medication use. Given the central role that medications play in care and treatment of chronic conditions, combined with the continuing growth in the range, complexity and cost of medications -- and greater understanding of the genetic and physiologic differences in how people respond to their medications -- the nation's health care system consistently fails to deliver the full promise medications can offer.

Pharmacogenomics (PGx) is the study of how a patient's genetic profile determines their responses to specific medications. When applied as a component of CMM, PGx ensures that a patient's medications are individually assessed to determine that each is indicated, effective, consistent with patient

¹ Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. *Annals of Pharmacotherapy*, 52(9), 829-837. <http://dx.doi.org/10.1177/1060028018765159> Retrieved from <https://escholarship.org/uc/item/3n76n4z6>

expectations, and safe, in view of the comorbidities present, other concurrent medications, and the patient's ability to adhere to the prescribed regimen.

Comprehensive medication management (CMM) is a direct patient care service, provided by clinical pharmacists working as formal members of the patient's health care team that has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients. To ensure medication optimization, pharmacogenomics (PGx) should be integrated into CMM.

When integrated into CMM, PGx testing allows for targeted treatment decisions based on the unique characteristics of the patient's unique genetic profile.

Our organizations welcome this recognition in Congress of the unique value that qualified clinical pharmacists provide in advanced approaches to the treatment and therapy of complex conditions. As Medicare coverage continues to evolve in recognition of our changing health care challenges, this could be a vital step to advance unique, precise and personalized approaches to groundbreaking medication therapies. In fact, the Colorado General Assembly recently passed a bill (supported by CPS) in the 2024 legislative session to mandate payer coverage of certain pharmacogenomic tests to optimize drug therapy ([see SB24-124](#)).

As Congress works to develop legislation to ensure that patients can access life-changing treatments, including Medicare coverage and payment for digital health and personalized medicine infrastructure, we urge you to consider how these structures can be integrated with evolving team-based, quality-focused payment and care delivery models that shift Medicare payment policy for providers toward value of care and away from volume of services.

We would welcome the opportunity to provide additional information, data, and connections to successful practices that provide CMM and pharmacogenomics services as part of an effort to optimize the use of medications in the U.S.

In summary, we thank you again for your leadership in this vital legislative effort to modernize access to and coverage of innovative therapies. ACCP and CPS are dedicated to advancing a quality-focused, patient-centered, team-based improvement in health care delivery that helps assure medication optimization, enhances patient safety, promotes value-based rather than volume-based care, and contributes long-term economic sustainability for the Medicare program. We look forward to working with you to help achieve these goals.

Sincerely,

**American College of Clinical Pharmacy
(ACCP)**

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