LONG-TERM CARE PHARMACY SERVICES



More than four million Medicare beneficiaries suffer from multiple chronic health conditions and need long-term services (LTC). Most – 75% - live at home, while only 25% live in long-term care (LTC) facilities like nursing homes and assisted living facilities. As the population ages, even more people living at home will need these services, and staying at home often is a better option for individuals and their families.

The Senior Care Pharmacy Coalition believes the choice to remain at home or reside in a LTC facility is deeply personal, and it is both sensible and fair that every person who needs LTC receives high-quality care and services regardless of the choice they make. As key care and service providers for this population, LTC pharmacies know that honoring individual choice without undermining equal access to care should be the priority in all patient decisions—no matter their location.

A linchpin of effective care for those who need LTC are the enhanced clinical and specialized services that LTC pharmacies provide. This population depends on prescription drugs for their care, with the typical person needing LTC living in the community taking 14 prescriptions a day. Too often, issues concerning prescription drug management force this group to increase health care utilization, adding to the cost of health care. LTC pharmacy services are crucial to patient improving outcomes and reducing overall health care spending.

DID YOU KNOW?

LTC pharmacies provide enhanced clinical and specialized services that most retail and mail order pharmacies do not provide.

PROBLEM: For too long, Medicare and Medicaid payment policies have limited access to LTC pharmacy services to beneficiaries who live in nursing homes and intermediate care facilities, although most Americans who need LTC live in the community. While federal law requires that residents in LTC facilities have access to LTC pharmacy services, there is no such requirement for those living at home or in their community—and the result is higher medication use, higher health care utilization, less effective care management, poorer health outcomes, and higher overall health care expenditures. LTC pharmacy services reduce the number of prescription medications an individual takes, minimize the risk of adverse drug interactions and medication-related health care complications, and enhance coordination of care—resulting in a better quality of life for people who need LTC and keeping people where they prefer to live.

Inequitable access to the enhanced care and clinical services provided by LTC pharmacies means people living in facility settings are receiving better care than those who are living at home. It is time to stop denying high-quality care to Medicaid beneficiaries living at home or in the community.

SOLUTION: Federal law must afford Medicare and Medicaid beneficiaries who need LTSS access to LTC pharmacy services regardless of where they live – in nursing homes, assisted living facilities, or community.

Fortunately, the solution to this is simple—Policymakers must pass legislation to:

- Define LTC pharmacies in federal statute such that the definition applies to both the Medicare and Medicaid programs, clarifying that LTC pharmacies as especially qualified to provide enhanced pharmacy and clinical services to patients who need LTC regardless of where they live.
- 2. Include LTC pharmacy services as an enumerated service available to eligible seniors and younger adults with disabilities who are eligible for Medicaid-funded services at home.
- **3.** Assure that payers particularly Part D Plans and Medicaid managed care organizations recognize the additional costs of the enhanced clinical services LTC pharmacies provide in negotiating payment rates.

LTC pharmacies are uniquely capable of providing care to people who need LTSS living in the community. Expanding access to LTC pharmacy services ensures that individuals who need LTSS get all the services they need in whatever place they call home, improving their outcomes and reducing what the Medicare and Medicaid programs otherwise would spend for their health care.