

August 9, 2012

The Honorable Harold Rogers
Chairman, U.S. House of Representatives Committee on Appropriations
H-307 Capitol
Washington, DC 20150

The Honorable Norm Dicks
Ranking Member, U.S. House of Representatives Committee on Appropriations
1016 Longworth House Office Building
Washington, DC 20150

Dear Representative Rogers and Representative Dicks:

We, the undersigned national pharmacy organizations, covering almost all areas of pharmacy practice, were very concerned to see that the proposed appropriations legislation funding the Department of Health and Human Services for FY13 eliminated all funding for the Agency for Healthcare Research and Quality (AHRQ). AHRQ currently funds several unique programs which directly benefit our members, and in turn the patients that they serve. We strongly urge you to reconsider and, at a minimum, provide funding for the agency equal to the funding approved by the Senate, which provided \$364 million for FY13.

AHRQ funds important research on patient outcomes associated with pharmaceutical therapies through the Centers for Education and Research on Therapeutics (CERTs). The research, which is carried out by public and private sources, provides clinical information to patients, providers, and purchasers of health care (employers, health plans and government agencies), supporting the appropriate use of drugs, biological products and medical devices. Increasing awareness on the safe and effective use of these treatments helps to improve patient outcomes while reducing the cost of care.

Our members depend on several initiatives directly funded by and supported through AHRQ. The medication therapy management (MTM) grant program, authorized by Section 3503 of the Patient Protection and Affordable Care Act (P.L. 111-148), funds MTM pilot programs throughout the country. These programs provide patients with complex health conditions access to a pharmacist under contract with their health plan or prescription drug benefit. The pharmacist assists the patient with proper management of their medication therapy, checks for contraindications between different prescribed drugs, and addresses any side effects the patient may experience. There is evidence that these programs can help to reduce health care costs in the future by encouraging the proper use of prescription drugs and helping patients stay adherent to their prescribed medication regimen.

Research sponsored by AHRQ is for the public good and distinguishable from the work of other federal agencies. For example, both the Veterans Administration, through the Veterans Health Administration's Pharmacy Benefits Management Strategic Healthcare Group, and the Department of Defense, through the Department of Defense PharmacoEconomic Center, conduct research with similar goals to the research AHRQ supports. However, the results of that research

are only intended for use within the respective agency.¹ The two departments also serve patient populations with unique demographic characteristics different from the population as a whole, so the research may not meet the needs of the broader health care system.²

While we recognize and understand the pressure that members of the Appropriations Committee face as they attempt to control federal spending, we believe that terminating AHRQ would be a decision that will save money in the short-term, but would sacrifice quality and savings, and could have enormous detrimental effects on spending in the long-term. We urge you to continue funding for this important agency.

Sincerely,

Academy of Managed Care Pharmacy
Accreditation Council for Pharmacy Education
American Association of Colleges of Pharmacy
American College of Clinical Pharmacy
American Pharmacists Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
College of Psychiatric and Neurologic Pharmacists
National Alliance of State Pharmacy Associations
National Association of Chain Drug Stores
Rite Aid Corporation

¹ Congressional Research Service. "Comparative Clinical Effectiveness and Cost-Effectiveness Research: Background, History and Overview," C-11. October 16, 2007. Order code RL34208.

² For example, the national veteran population is overwhelmingly male (93%), older (median age of 64 for male veterans vs. median age of 49 for male non-veterans) and ethnically white non-Hispanic (82% of male veterans vs. 64% of male non-veterans) when compared with the general population. January 2011 Profile of Veterans report, based on the 2009 American Community Survey, available online:
http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2009_FINAL.pdf.