A Shortage of Funds for Pharmacists To Run Health Clinics

by Stephen Barlas

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Legislation that would ostensibly help increase the number of pharmacists in the U.S. is moving through the House of Representatives with lightning speed. Part of the reason for its momentum, though, is the light contents of the bill. I don’t mean to denigrate the efforts of Representative Billy Tauzin (R-La.), chairman of the House Energy and Commerce Committee, and the guiding force behind H.R. 4992, which was expected to pass the House before Congress took its August recess. It is just that the bill doesn’t add up to very much. It would set up a grant program within the Health Resources and Services Administration (HRSA) that would provide money for public service advertisements designed to spruce up the image of pharmacy careers with an eye toward helping recruitment. Second, it would authorize a demonstration project allowing for an increase in the number of pharmacists in the National Health Service Corps loan repayment program. In addition, those pharmacists would be allowed to provide medication therapy management services.

Again, although it is well-intentioned, this is only a drop in the bucket. HRSA is already handing out about $13.6 million in loans to 4,500 pharmacy students at 85 pharmacy schools. The Tauzin bill would marginally increase those numbers, but only if the congressional appropriations committees went along. But those students will not be enough to fill the gap—a shortage of 73,000 pharmacists is predicted by 2005.

The Tauzin bill is a pale shadow of the Pharmacy Education Aid Act (H.R. 2173/S. 1806) introduced by Representative James McGovern (D-Mass.). That bill would write in pharmacists as an eligible category for HRSA scholarships and dictate that 10% of those scholarships go to first-year pharmacy students. McGovern would also authorize HRSA to award grants and contracts to qualifying pharmacy schools for: (1) student and faculty recruitment and retraining, with scholarship preference for students with financial need; (2) computer-based pharmaceutical education systems; and (3) facilities construction. Unfortunately, though, the McGovern bill isn’t going anywhere, because some people think it is too costly.

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Although Congress and the Bush administration can’t seem to find the money to stop the runaway pharmacist shortage, they are providing services to one million people by 2006—that’s 10 million more than are now served.

Does HRSA need to be spending all this money on clinics? I recently heard Linda Evans Parlette, a state senator from Washington state, speak at a meeting and complain that HRSA was locating one of these new clinics in a small town in her district, near Olympia, Washington. She was bewildered. She couldn’t understand why the shiny new clinic was being placed in a little town that had been doing fine on its own for years, providing, for want of a better term, indigent care. But here was HRSA dumping a clinic there anyway. Parlette was concerned that the federally supported health care network would put the existing private network—the physicians, pharmacists and nurses who have been serving the town for years—out of business.

The Tauzin and McGovern bills would help. So would a considerable increase in HRSA funding for pharmacists. But even all of these things combined wouldn’t close the pharmacist gap overnight. For that, we would need legislation mandating that pharmacists would never again have to pick up the telephone to call an insurance company about a customer’s coverage.