

Better Health for All: Recommendations to Achieve Health Equity

McKesson is committed to taking meaningful and sustainable action in the fight to ensure racial and ethnic equity in the United States. The disproportionate impact of COVID-19 on communities of color is one recent example of the structural and systemic barriers to healthcare confronting the most vulnerable patients. McKesson’s public policy platform is driven by the core belief that the Patient Comes First. To achieve this for every patient, we must end the disparities and inequities impeding patient access, quality of care and outcomes.

We Believe

- Health equity means everyone has an equal opportunity to live healthy lives.
- “Health” goes beyond physical wellness – it is also a result of social, economic, and environmental factors.
- To end racial health disparities, we must acknowledge the impact of systemic racism and implicit biases as contributing factors.
- It is the responsibility of all public and private stakeholders - community-based organizations, government, industry, providers, and academic institutions - to work together to address this array of problems.
- Solutions must address the deep-rooted barriers impacting health in our minority communities, including investments in prevention and economic opportunities to foster healthy individuals and healthy communities.

Our Policy Recommendations

- **The Importance of Data-Driven Equity:** We support building upon existing social determinants of health¹ data collection to develop resources, networks, and solutions to address the unique needs of underserved communities.
- **The Necessity of Access:** We support expanding access to high quality healthcare for ALL patients, where and when they need it. Patients should have meaningful access to the medicines and treatments they need to make better health possible for themselves, their families and loved ones.
- **The Power of Technology:** We support leveraging technology to empower patients so they can play an active role in managing their health and making

¹ U.S Dept of Health and Human Services. Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

informed decisions, as well as allow healthcare providers to better understand their patient populations.

- **The Value of Community:** We support bolstering community-based settings of care and recognize the need for a culturally competent and diverse healthcare workforce.

Our Priorities: Data-Driven Equity

Addressing Social Determinants of Health (SDOH): McKesson supports efforts that empower federal, state, and local governments to improve health outcomes by addressing the economic and social conditions in which people live, learn, work, and play. This includes legislation to establish grant programs that help states and communities determine, implement, and measure the most effective SDOH interventions for their needs.

We advocate for continued engagement of leading entities, such as McKesson, in the development of programs to support community health, as well as meaningful input from community providers, patients, and advocacy organizations. Additionally, standards, definitions, and incentive frameworks across agencies should be aligned to accelerate further documentation, quality measurement, and research into social determinants of health and health equity.

At McKesson, a key focus of our health equity work is cancer care. We are pursuing several initiatives to address health disparities in cancer and drive more equitable access to care, therapies, and improved outcomes. These initiatives are focused on defining which social determinants have the biggest impact on patient outcomes, capturing and linking SDOH in our real-world datasets, and researching key questions around health disparities in cancer care through non-interventional studies. While traditional healthcare technologies are limited in their capture of certain aspects of SDOH, many other relevant datapoints are captured, but do not make their way into electronic health records (EHRs) or patient portals. This may be due to Health Insurance Portability and Accountability Act (HIPAA) considerations, inadequate information collection mechanisms, disparate systems of record, and a myriad of other barriers. We believe that current HIPAA rules are antiquated, and it is critical that we modernize our approach to data fluidity to empower patients to share in their clinical benefit and cost data.

Diversity in Clinical Trials: Increasing diversity in clinical drug trials is imperative to achieving health equity for every patient. To do so, we must address the barriers that patients may face in enrollment and ongoing participation. We are encouraged by the broad bipartisan efforts in Congress to improve diversity in clinical drug trials and recommend Congress consider the following recommendations:

- **Make Trials Local:** Utilize the Advanced Research Projects Agency for Health (ARPA-H) at the National Institutes of Health to increase research funding for community cancer care providers, not just large academic centers.
- **Proactive Patient Engagement:** Identify data use cases for patient identification and trial enrollment efforts.
- **Enhance Clinical & Benefit Coordination:** Leverage real-time patient claims, cost and benefit data to support patient management outside of a trial that may impact retention (out of pocket cost burden, new health diagnosis, emergency care).
- **Manage Financial Barriers:** Allow anti-kickback statute exception to allow pharmaceutical sponsors to provide financial support as needed and appropriate.
- **Modernize Trials through Technology:** Advance use of remote monitoring and digital solutions, but with an in-person follow-through to drive adherence and better patient support.

Our Priorities: Access to Care

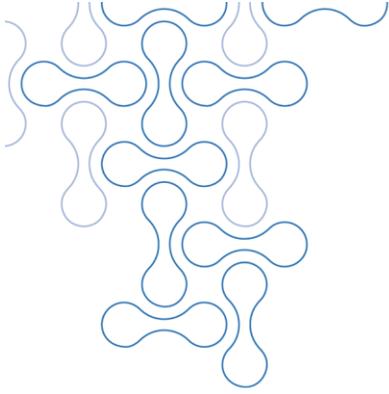
Provider Status for Pharmacists: Pharmacists have long played a vital role in ensuring healthcare access for people in underserved communities. In fact, nine in ten Americans live within five miles of a pharmacy, allowing pharmacists to serve their local communities and act as a trusted healthcare resource where other resources may not exist.

When the pandemic hit, the federal and most state governments expanded pharmacists' ability to provide many critical healthcare services. Patient access to COVID-19 testing, vaccines, and treatment increased dramatically as pharmacies and pharmacists answered the call to protect the public health of communities. More than 247 million vaccines were administered in pharmacies across the nation².

Unfortunately, pharmacy services are not reimbursed in the same way as other providers' services, and when the current Health and Human Services (HHS) public health emergency (PHE) declaration ends, pharmacists may no longer be able to provide the same services Americans have come to rely on during the pandemic. This will drastically endanger and reduce care for millions of Americans, including Medicare beneficiaries living in rural and medically underserved areas.

We urge Congress to act quickly to ensure that access to appropriate pharmacy care, consistent with their state licensure and scope of practice, is made permanent for our communities. Congress can ensure pharmacist services are covered, alleviating gaps

² Centers for Disease Control and Prevention. Federal Retail Pharmacy Partnership. <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>



in care, preserving vital healthcare access in the future, and advancing health equity. We fear that many, including millions of Medicare beneficiaries, will lose access to needed care and other health resources without this action.

Our Priorities: Leveraging Technology

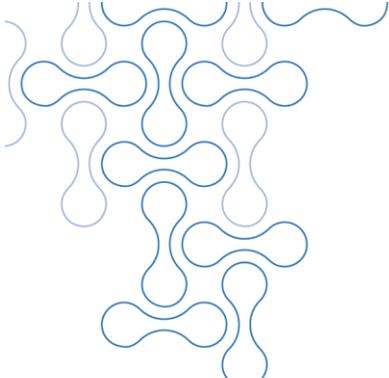
Expanding Telehealth: Telehealth flexibilities and expansions, afforded by the PHE declaration, have played a vital role in supporting patients with limited geographic access to providers. We have witnessed firsthand how telehealth has enabled greater care delivery during the PHE. McKesson endorses permanent telehealth expansions that focus on targeted geographies and flexibility in technologies to meet vulnerable communities where they are. We encourage Congress to address:

- Expanded access to broadband internet.
- Coverage and payment for new remote monitoring technologies and services, particularly those that may benefit underserved patient populations.
- Expansions of provider eligibility for participation in telehealth services, including pharmacists.
- Remove geographic limitations and maximize flexibilities in underserved communities.

Benefit and Cost Transparency: McKesson is committed to supporting benefit and cost transparency along with the “un-siloing” or portability of patients’ data. We believe these are essential elements to ensuring patient choice, reducing healthcare costs, and improving outcomes. Each year, medication nonadherence causes 125,000 preventable deaths, an estimated \$100 billion in preventable medical costs, and 33-69% of medication-related hospital admissions. Empowering patients with visibility and choice opens the door to person-centered healthcare and can produce immediate benefit for patients.

We encourage Congress to direct the relevant federal agencies to ensure that healthcare exchange and content and communications standards are harmonized; require that the access, direction, and exchange of patient’s healthcare information be conducted via designated standards and in real-time; and ensure patient healthcare information is inclusive of health plan benefit, cost, prior authorization requirements, and other coverage information such as step-therapy or plan accumulator details.

We encourage states to require health plans and pharmacy benefit managers to provide real-time benefit and cost information at the point of prescribing and the pharmacy counter, increasing the likelihood that patients will start and continue their medication.



Our Priorities: Valuing Community Providers

We support bolstering community-based settings of care and recognize the need for a culturally- competent and diverse healthcare workforce. Preserving the role of community-based providers, pharmacies, hospitals, and health systems is critical to sustaining patient access to high-quality, affordable care. The COVID-19 pandemic highlighted the importance of a diverse healthcare ecosystem that can flex resources to meet the evolving needs of a public health crisis. A diverse healthcare ecosystem also drives competition, improves access, and allows providers to meet patients where they are in different ways. We must carefully examine the impact of policy changes on community providers and the patients they serve. We do not support advancing policies that threaten the viability of these critical providers, and welcome an opportunity to discuss how we can bolster the role they play in public and community health.

Workforce Diversity: A more diverse healthcare workforce can help reduce implicit bias and improve patient experience. While diversity among health professionals has increased over past decades, these gains are not reflected across the spectrum of healthcare professions or in educational programs. We support efforts to expand scholarship and loan repayment programs to address healthcare workforce shortages and bolster workforce diversity. This includes programs and initiatives to support frontline healthcare workers who were critical to our country's COVID-19 response, particularly in medically underserved communities.

Culturally Competent Care: In order to meet patients' social, cultural and language needs, we must ensure that all healthcare providers have the education and training necessary to provide care that accommodates patients with diverse values, beliefs, and behaviors. We support expanding access to educational programs and coursework that promote culturally competent and inclusive care.

A diverse and culturally competent workforce may also serve as a trusted voice and bridge to improving patients' health literacy. Every day, patients across the United States face barriers that prevent or limit access to needed healthcare services, which may increase the risk of poor health outcomes and health disparities. In this context, we encourage Congress to require HHS, Treasury, and the Department of Labor to issue tri-agency regulations to payers and providers, establishing concrete communication and educational actions, supported by compliance requirements that must be taken to improve health literacy across all patient populations in the United States.