

Pharmacy Shortage Areas

USC-NCPA Pharmacy Access Initiative

Background

The National Community Pharmacists Association (NCPA) and the University of Southern California School of Pharmacy and Leonard D. Schaeffer Center for Health Policy and Economics have collaborated to develop a web tool that shows pharmacy shortage areas at the neighborhood level and generates information on pharmacy closures and populations affected. State and county-level summaries are also available on the tool giving more in-depth analysis on the creation of pharmacy shortage areas and closing gaps in pharmacy shortage areas.

What is a pharmacy shortage area (aka pharmacy desert)?

Pharmacy shortage areas are created by a geographic area, such as a census tract, that lacks a pharmacy within a threshold distance. Pharmacy network access standards are determined by the program, such as TRICARE, Medicare Part D, Medicaid programs, or Medicare Advantage.

Major Findings

- 25% of the U.S. population (81,203,948) lived in pharmacy shortage areas across urban, suburban, and rural areas in 2020.
- Only **one third** of pharmacy shortage areas calculated within the web tool carry the HRSA designation of Medically Underserved Areas (MUAs). This means that 2/3 of pharmacy shortage areas are unaccounted for when considering low access to healthcare in geographical areas under the MUA definition.
- Populations with the highest pharmacy shortage area population (%) were Black (37.1%), Medicaid (33.2%) and low-income (36.7%).
- States with the highest percentage of census tracts calculated as pharmacy shortage areas are Alaska, Montana, North Dakota, New Mexico, Mississippi, South Dakota, and Wyoming.
- Independent pharmacies were the most dynamic factor in terms of creating and closing pharmacy shortage areas.

Why does it matter?

- This web tool and analysis shows that current access standards do not fully recognize pharmacy deserts. This research is in line with previous work and peer-reviewed studies that confirm the validity of the thresholds used in generating shortage areas within the tool.
- 30.6% of census tracts are completely reliant on their independent pharmacy to avoid becoming a pharmacy shortage area. Including independent pharmacies in payer pharmacy networks is critical for these populations.

Contact

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