

Statement for the Record: The National Community Pharmacists Association

United States Senate Committee on Finance

Hearing: “Rural Health Care: Supporting Lives and Improving Communities”

May 16, 2024

Chairman Wyden, Ranking Member Crapo, and members of the committee:

The National Community Pharmacists Association (NCPA) welcomes the opportunity to provide a statement for the record to the full committee hearing on Rural Health Care: Supporting Lives and Improving Communities. NCPA represents America’s community pharmacists, including 19,400 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members represent a \$94 billion healthcare marketplace, employ 230,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America’s most accessible healthcare providers.

With 44% of independent community pharmacies located in an area with populations less than 10,000¹, our members are deeply embedded in the fabric of rural communities, providing essential health care services to millions of Americans living in underserved areas. Research from the USC-NCPA Pharmacy Access Initiative shows that across the country, roughly 25% of neighborhoods are pharmacy shortage areas², and when a pharmacy shortage area gains pharmacy access, it is most likely due to an independent pharmacy opening³. Through our advocacy efforts, educational programs, and innovative initiatives, NCPA is committed to ensuring access to quality health care for all, regardless of geographic location.

Rural communities face unique challenges in accessing quality health care services. Limited resources, including healthcare facilities and providers, geographic isolation, and socioeconomic factors, contribute to disparities in health outcomes. These challenges are further exacerbated by

¹ National Community Pharmacists Association. NCPA Digest 2023. [Internet]. Alexandria (VA): National Community Pharmacists Association; [cited 2024 May 15]. Available from: <https://ncpa.org/sites/default/files/2023-10/2023-digest.pdf>

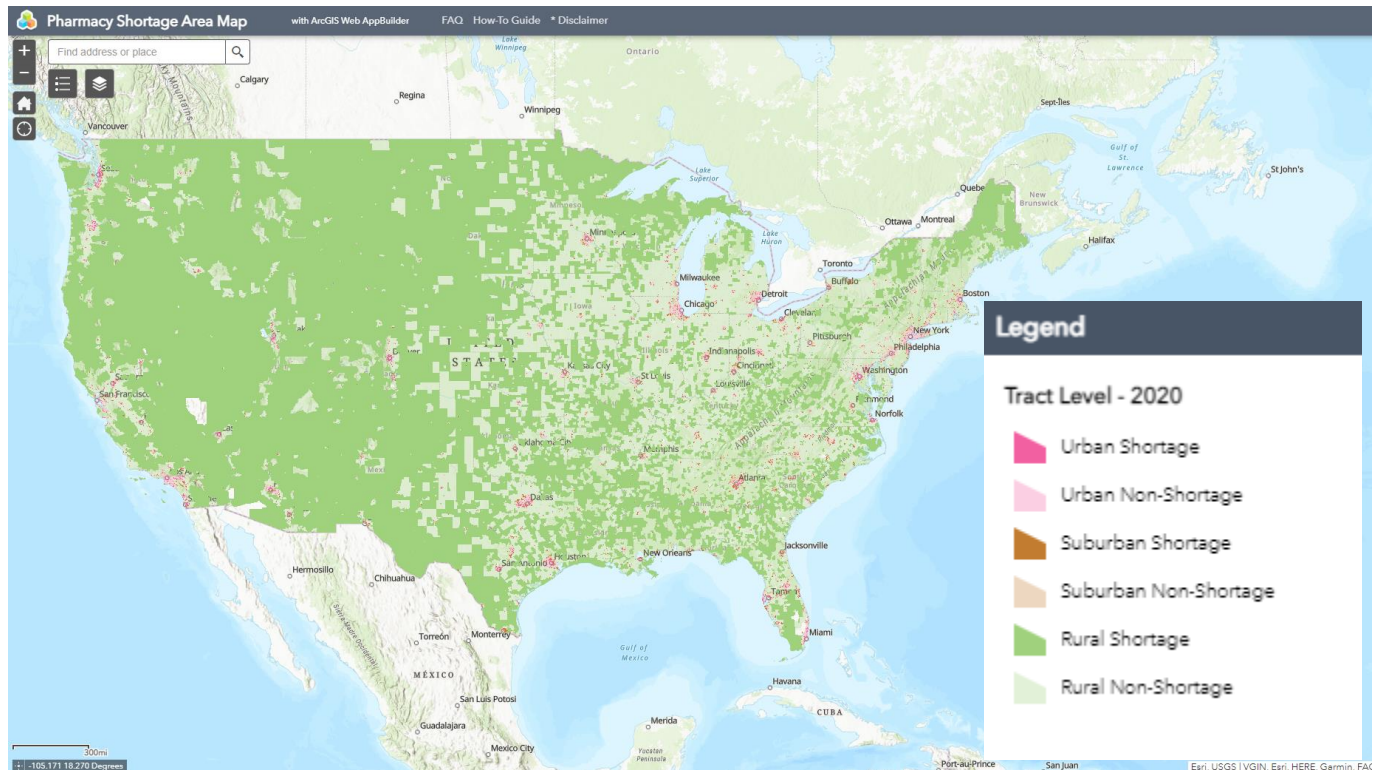
² USC Schaeffer. High-Tech Map Promotes Access to Medicine and Pharmacy Services. USC Schaeffer. [Internet]. 2022 October 21. [cited 2024 May 15]. Available from: <https://healthpolicy.usc.edu/article/high-tech-map-promotes-access-to-medicine-and-pharmacy-services/>

³ USC-NCPA Pharmacy Access Initiative research

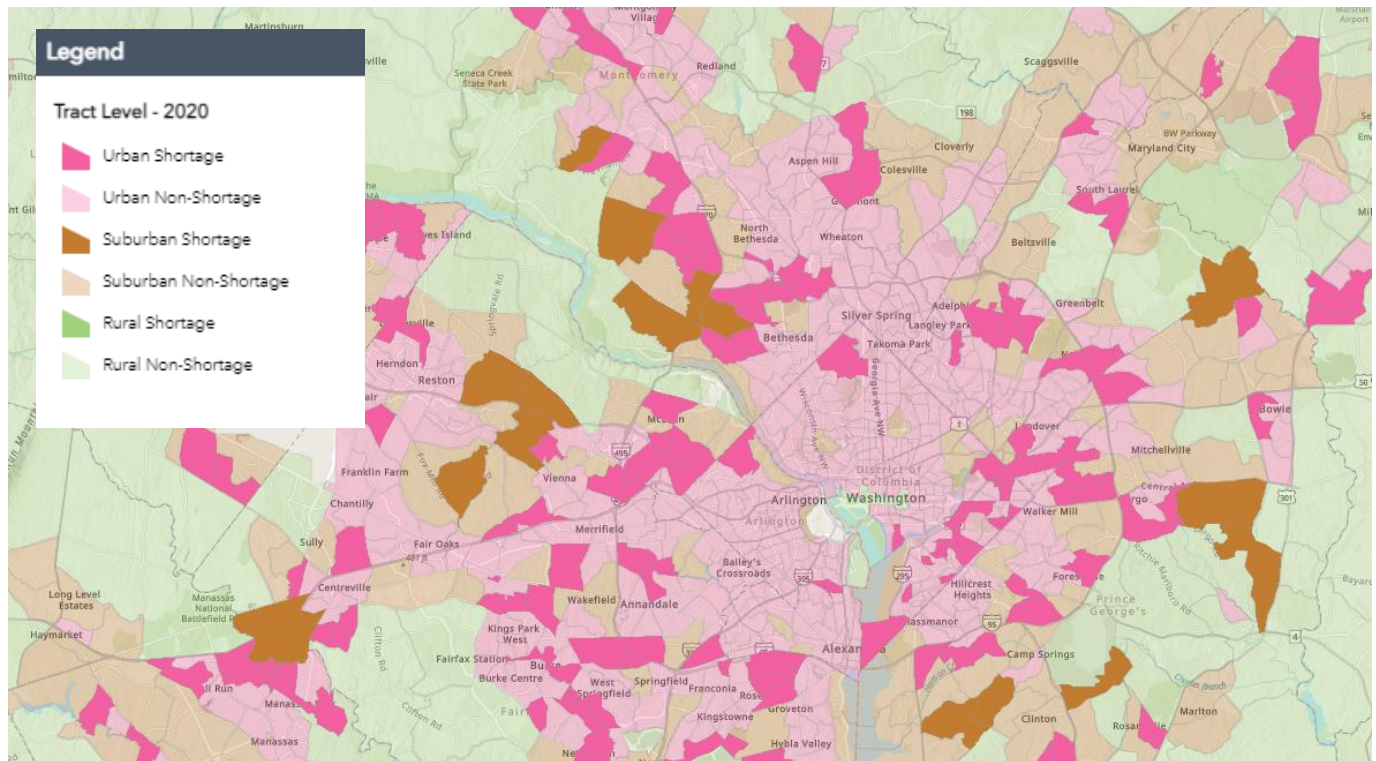
the closure of rural hospitals and the shortage of primary care physicians, leaving many rural residents without access to critical health services.

Community pharmacists play a vital role in addressing these challenges and improving health outcomes in rural areas. As trusted healthcare providers, pharmacists are often the most accessible healthcare professionals in rural communities. They provide essential services, including medication therapy management, immunizations, chronic disease management, and preventive care screenings, helping patients manage their health conditions and avoid costly hospitalizations.

We are pleased to highlight the USC-NCPA Pharmacy Access Initiative, a collaborative effort between the University of Southern California (USC) School of Pharmacy and NCPA, aimed at expanding access to pharmacy services in underserved communities. This initiative has developed a Pharmacy Shortage Areas Mapping Tool, which identifies pharmacy shortage areas at the neighborhood level. This tool was developed using prior research from the University of Southern California College of Pharmacy combined with spatial analysis. An example of the mapping generated is shown below in Figure 1 and Figure 2.



1. Pharmacy Shortage Areas Mapping Tool showing pharmacy shortage areas by census tract across the United States in 2020.



2. Pharmacy Shortage Areas Mapping Tool map of the greater Washington D.C. area showing pharmacy shortage areas by census tract in 2020.

The Pharmacy Shortage Areas Mapping Tool can also be used to see the formation of pharmacy shortage areas due to pharmacy closures. According to research from the USC-NCPA Pharmacy Access Initiative, 104 rural neighborhoods became pharmacy shortage areas between 2018 and 2020, and 80% of these newly designated pharmacy shortage areas were due to an independent pharmacy closing its doors. While the USC-NCPA Pharmacy Access Initiative seeks funding for updated data to generate a timelier estimate, we anticipate that the drastic number of pharmacy closures across the country has caused the number of pharmacy shortage areas to increase, including in rural communities. IQVIA estimates that in 2023, over 1,000 pharmacies closed across the country.

As policymakers, there are several actions you can take to support rural health care and strengthen the role of community pharmacists:

1. Request CMS to reevaluate and update current pharmacy access standards in Medicare Part D to ensure that those living in rural areas have access to brick-and-mortar pharmacies. CMS must update Medicare Part D pharmacy access standards to reflect socioeconomic status and access to transportation. Through our research with the USC-NCPA Pharmacy Access Initiative, we have seen that current access standards do not reflect true pharmacy access and have outlined our pharmacy access distance thresholds based on research from and prior to the creation of the Pharmacy Shortage Areas Mapping Tool in Table 1 below. In comparing access using our pharmacy access distance thresholds to the current CMS Medicare Part D access standards, we found that many neighborhoods

that lack pharmacy access are not captured using the CMS Medicare Part D access standards of 2-mile (urban), 5-mile (suburban), and 15-mile (rural) distance thresholds. New access standards at a minimum should account for low access to transportation by lowering the distance threshold in these areas to no more than 0.5 miles to an in-network pharmacy, regardless of urbanicity. In areas without transportation access issues, urban neighborhoods should be within 1 mile of a pharmacy, suburban neighborhoods should be within 2 miles of a pharmacy, and rural neighborhoods should be within 10 miles of a pharmacy.

Table 1. Distance Thresholds used in the Analysis

Urbanicity^a	Tract Characteristics^b	Distance Threshold	CMS Standards^c
Urban	Low-income and low-vehicle ownership	0.5 mile	2 miles
Urban	N/A	1 mile	
Suburban	Low-income and low-vehicle ownership	0.5 mile	5 miles
Suburban	N/A	2 miles	
Rural	Low-income and low-vehicle ownership	0.5 mile	15 miles
Rural	N/A	10 miles	

^a Urbanicity is based on population density; (>3,000, Urban population per square mile; 1,000-3,000 population per square mile, Suburban; <1,000 population per square mile, Rural)

^b Low-income indicates at least 20% of the tract population has incomes less than 100% of the FPL, and low-vehicle ownership indicates at least 100 households without a vehicle for the tract

^c Based on a memorandum issued by the Centers for Medicare and Medicaid Services (CMS) for Part D plans

2. Expand pharmacist scope of practice: Remove regulatory barriers and enable pharmacists to practice at the top of their license, allowing them to provide a wider range of services, including prescribing medications and conducting point-of-care testing.

In conclusion, the National Community Pharmacists Association is committed to improving health outcomes in rural communities and ensuring access to quality pharmacy services for all Americans. Through initiatives like the USC-NCPA Pharmacy Access Initiative and with the support of policymakers like you, we can make meaningful progress in addressing the unique healthcare needs of rural America. Thank you for your attention to this important issue, and I look forward to working together to build healthier, stronger communities across the nation. Should you require further information or have questions, please reach out to anne.cassity@ncpa.org or 703-838-2682.