Statement for the Record: The National Community Pharmacists Association

U.S. House of Representatives Committee on Energy and Commerce, Subcommittee on Health

Hearing: "Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Security"

September 15, 2026

Chairman Griffith, Ranking Member DeGette, Chairman Guthrie, Ranking Member Pallone, and members of the subcommittee:

The National Community Pharmacists Association (NCPA) welcomes the opportunity to provide a statement for the record to the subcommittee hearing on ways to identify solutions to address challenges in the Medicare payment landscape. We are encouraged to see H.R. 3164, the Ensuring Community Access to Pharmacist Services Act, included in the bills under consideration. NCPA represents America's community pharmacists, including nearly 19,000 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 $103 billion health care marketplace, employ 235,000 individuals, and provide an expanding set of health care services to millions of patients every day. Our members are small business owners who are among America's most accessible health care providers.

Independent pharmacists play a vital role in addressing health care access challenges and improving patients' health outcomes. As trusted health care providers, pharmacists are often the most accessible health care professionals in rural and underserved 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. Research from the University of Southern California-NCPA Pharmacy Access Initiative shows that across the country, roughly one in eight neighborhoods are pharmacy shortage areas[1], and when a pharmacy shortage area gains pharmacy access, it is most likely due to an independent

[1] Rozelle, J.W., Vos, R.O., Guadamaz, J.S.; Veetil, S.K.O.; & Qato, D.M. (YEAR, MONTH DATE). Pharmacy Shortage Areas Map (Version 2.3) University of Southern California and National Community Pharmacists Association (USC-NCPA) Pharmacy Access Initiative. https://pharmacydeserts.com

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pharmacy opening. In fact, nearly two-thirds of independent pharmacies collectively serve areas with a population of less than 50,000. Pharmacists have more medication-related education and training than any other health care professional.

For these reasons we were pleased to see the inclusion of H.R. 3164 in this hearing. This legislation, introduced by Reps. Adrian Smith (R-Neb.), Brad Schneider (D-Ill.), Diana Harshbarger (R-Tenn.) and Doris Matsui (D-Calif.), is an NCPA policy priority as it would ensure Medicare beneficiaries can easily access health care services by authorizing pharmacists to test and treat COVID-19, flu, respiratory syncytial virus, and strep throat, and ensure pharmacists are reimbursed for providing those services.

This legislation protects patient access, especially for people in rural areas where pharmacists can be the only health care provider for many miles. These policies recognize pharmacists and the role they have in improving health care access by establishing direct reimbursement via Medicare Part B for providing these services. Independent pharmacies have played a large role at both the federal and state levels in testing for COVID-19 and administering COVID-19 vaccines to those in their communities and in long-term care facilities, and this legislation would ensure continued access for patients to services at their local pharmacy.

It is important to note that pharmacists can already test and treat in 36 states and the District of Columbia, including independent prescribing of medications pursuant to a CLIA-waived test in 20 states.[2] This means that in these states, it is our seniors who are going without care, solely because the federal government has not kept up with the states. It is a detriment to our seniors that as soon as they go on the mandated government services in their state, they lose this access. Increased utilization of pharmacists' services has improved patient outcomes and reduced overall health care costs. Systematic reviews have indicated positive returns on investment when evaluating broader pharmacist services, with up to $4 in benefits for every $1 invested in clinical pharmacy services.[3]

Within the next 10 years, the U.S. could see a shortage of over 55,000 primary care physicians.[4] Pharmacists across the country are ready to provide valuable health care

[2] https://naspa.us/resource/pharmacist-prescribing-for-strep-and-flu-test-and-treat/
[3] Murphy E, Rodis J, Mann H. Three ways to advocate for the economic value of the pharmacist in health care. *J Am Pharm Assoc*. 2020; 60, e116-e124.
[4] Association of American Medical Colleges. 2019 UPDATE The Complexities of Physician Supply and Demand Projections From 2017 To 2032. Available at: https://aamcblack.global.ssl.fastly.net/production/media/filer_public/31/13/3113ee5c- a038-4c16-89af-

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services to these communities that have limited access to care.[5] By realigning financial incentives federally, in the states that already allow this care outside of Medicare, reimbursing pharmacists for their services similar to other health care professionals means there will be greater access to the vital health care services pharmacists provide.

Over the years, the pharmacy profession has evolved from a dispensing and product reimbursement industry to a profession with training and patient relationships to provide outcomes-based services and participate in care coordination efforts. Pharmacists undergo a minimum of six years of comprehensive undergraduate and professional education, with training in clinical services, disease state management, and interpretation of lab data. Pharmacists' care has increasingly involved patient counseling, and we have learned how their presence in underserved communities has seen improved health outcomes and reduced health care costs.

This legislation does not change the standard of care practices in the states. Instead, it allows for pharmacists to be reimbursed for providing our services for these four specific conditions to seniors in Medicare in the states that already allow these practices. This does not eliminate care coordination or communication with other health care providers. Pharmacists remain responsible for appropriate documentation, referral, follow-up, and communication with patients.

Pharmacists are already an integral part of the health care team and often have more frequent contact with patients than other providers. Allowing pharmacists to address appropriate medication-related and preventive care needs can help close gaps in care rather than create them, particularly when patients face long wait times or limited access to other providers. Additionally, pharmacists are responsible for practices within their own professional capacity and remain licensed health professionals subject to board oversight, disciplinary authority, applicable state and federal law, and professional accountability.

Substantial published literature documents the significant improvement to patient outcomes and reduction in health care expenditures[1] when pharmacists are more optimally leveraged.[6] Studies have found themes in these cost savings, including "decreased total

294a69826650/2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf

[5] Bureau of Labor Statistics. Occupational Employment Statistics Query System. Available at: https://data.bls.gov/oes/#/home.

[6] Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

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health expenditures, decreased unnecessary care (e.g., fewer hospitalizations, emergency department [ED] visits, and physician visits), and decreased societal costs (e.g., missed or nonproductive workdays)." In states where such legislation has already been implemented, we are observing health plans, notably Medicaid managed care organizations, recognizing the value of the pharmacist and investing in the services they provide. This again should be an incentive to allow our seniors, often those in the most need of health care services, to be able to go to their pharmacist for testing and treating of these four conditions.

It is imperative that Congress enact legislation promptly to address this disparity for our seniors, and we urge you to work with your colleagues on final passage and enactment. This bill will ensure that more patients have greater access to health care services provided by pharmacists while supporting the sustainability of local pharmacies in our communities. The adoption of this important legislation will ensure that seniors across the country are able to receive vital health care services provided by their pharmacist.

We applaud the bipartisan, bicameral efforts to expand access to vital services for seniors, and we urge lawmakers to continue to work in a bipartisan manner to pass these reforms. We commend the Committee on Ways and Means for marking up this bill in May, and we hope that this hearing will build on that legislative momentum to provide legislative relief this Congress. Thank you for your attention. Please contact Anne Cassity (anne.cassity@ncpa.org), Kaite Krell (kaite.krell@ncpa.org), or David Weissman (david.weissman@ncpa.org) with any questions you may have.

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