



Comments of the American College of Clinical Pharmacy

Comments to the Centers for Medicare & Medicaid Services in Response to Calendar Year (CY) 2027 Payment Policies Under the Physician Fee Schedule

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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following comments in response to the “Calendar Year (CY) 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies.”

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of almost 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

Clinical pharmacists practice in a variety of healthcare settings including medical clinics, integrated health systems, hospitals, community-based pharmacies and others. In these settings, they work collaboratively with physicians and other providers to ensure that patients receive the best care possible. As medication experts, clinical pharmacists are regularly consulted by the healthcare team for specific recommendations about the appropriateness of prescription medicines and other aspects of medication therapy that their education and training has prepared them to address.

Clinical pharmacy is a team-based approach to patient care, and clinical pharmacists frequently work as part of physician-led patient care teams under formal collaborative practice agreements (CPAs). These agreements create official relationships between pharmacists and physicians, defining patient care functions in which a pharmacist may engage autonomously. Patients and physicians alike have benefited from these agreements, which increase the quality and effectiveness of care, while also relieving physicians from much of the detailed work involved with complex medication management. As such, CPAs are a testament to the cooperative professional collaboration that exists between physicians and clinical pharmacists.

There could scarcely be a more important time to advance the medication expertise of clinical pharmacists. It is estimated that \$528 billion dollars a year is consumed due to ineffective medication use -- equivalent to 16 percent of total health care spending.¹ Given the central role that medications play in the treatment of chronic conditions, combined with the continuing complexity and cost of medications, the nation's health care system consistently fails to deliver the full promise that medications can offer.

To help address this emerging crisis, ACCP has proposed coverage for comprehensive clinical pharmacy services in Medicare. This is a direct patient care service, provided by clinical pharmacists working as formal members of the patient's health care team. It has been shown through empirical, peer-reviewed studies and everyday practice to significantly improve clinical outcomes and enhance the safety of patients' medication use.

Coverage of comprehensive clinical pharmacy services is supported by the Primary Care Collaborative, (PCC), in which ACCP as well as the major primary care medical organizations are actively involved. Comprehensive clinical pharmacy services help ensure that seniors' medication use is effectively coordinated, and in doing so enhances seniors' health care

¹ Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. *The Annals of pharmacotherapy*, 52(9), 829-837. <http://dx.doi.org/10.1177/1060028018765159> <https://escholarship.org/uc/item/3n76n4z6>

outcomes, contributing directly to Medicare's goals for quality and affordability. Comprehensive clinical pharmacy services can “get the medications right” as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

Comprehensive Clinical Pharmacy Services Are Proven Effective²

Clinical pharmacy services have been consistently shown to improve outcomes and reduce overall treatment costs. That is why clinical pharmacists are fully integrated in team-based care in major healthcare programs like the VA Healthcare system, several state Medicaid programs, and leading healthcare systems like the Mayo Clinic and Kaiser Permanente. In addition, several recent case studies are outlined below:

Despite the acceptance and coverage of comprehensive clinical pharmacy services in many of the nation's top-tier health care systems and the evidence of its effectiveness, Medicare does not cover this patient care process. ACCP firmly believes that correcting that oversight will improve overall the quality and affordability of the services provided to Medicare beneficiaries by ensuring that their medication therapy is fully optimized.

Primary care practices participating in the CMMI CPC+ Track 2 initiative were required to provide comprehensive clinical pharmacy services to patients discharged from the hospital and those receiving longitudinal care management, that would include the development of an individualized action plan addressing the patient's medication problem list, and a review of the plan with the primary care team. Comprehensive clinical pharmacy services are also currently available to patients receiving care under the Maryland Primary Care Program.

Strengthen Recognition of Pharmacist-Led Chronic Disease Management

Pertaining to the proposed rule, ACCP supports CMS's interest in improving chronic disease prevention and management through payment policies such as Advanced Primary Care Management (APCM) and appreciates CMS's recognition that effective chronic disease care requires multidisciplinary support.

Clinical pharmacists are among the healthcare professionals most frequently engaged in longitudinal medication optimization, patient education, disease-state monitoring, adherence support, and lifestyle counseling. ACCP recommends that CMS explicitly recognize pharmacist-provided comprehensive clinical pharmacy services as a qualifying activity within future primary care payment reforms and chronic care initiatives.

Support Shared Medical Appointment Payment

ACCP supports CMS's decision to establish separate coding and payment for shared medical appointments. CMS notes that these services may improve chronic disease management while addressing social isolation and providing peer support. Many successful shared medical appointment models incorporate clinical pharmacists who provide medication education, monitoring, therapeutic adjustments under collaborative practice agreements, and patient self-

² GTMRx: The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs, December 2025. Accessed 9/9/2026. Available [here](#).

management training. ACCP recommends CMS explicitly acknowledge pharmacists as key contributors to multidisciplinary shared medical appointment teams.

Relief from Burdensome Cost-sharing Rules

ACCP encourages CMS to remove administratively burdensome cost-sharing for Advanced Primary Care Management Services (APCM). Patient cost-sharing remains a barrier for many Medicare beneficiaries and an administrative burden for practices, slowing adoption of APCM nationwide. Eliminating cost sharing for APCM would advance the Administration's health goals by supporting access to primary care and preventive services, while reducing administrative burden.

Conclusion

Thank you again for the opportunity to comment on the proposed Medicare Physician Payment Schedule for Calendar Year 2027. Overall, we remain concerned about underpayment to the broader physician community, since reduced reimbursement, combined with higher practice costs, threatens to harm access to care. In addition, if the physician practice environment is economically unstable, opportunities for collaboration between physicians and clinical pharmacists will be undermined. Without addressing these issues, the inevitable result will be a decline in access to high-quality, team-based patient care.