Comments of the American College of Clinical Pharmacy

Comments to the Centers for Medicare & Medicaid Services in Response to Calendar Year (CY) 2026 Medicare Physician Fee Schedule (PFS) Proposed Rule (CMS-1832-P)

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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) 2026 Medicare Physician Fee Schedule (PFS) Proposed Rule (CMS-1832-P).

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 over 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.

Prevention and Management of Chronic Disease

ACCP strongly supports CMS's proposals to identify services that address the root causes of disease, chronic disease management, or prevention, where the time and resources to perform the services are not adequately captured by the current physician fee schedule code set.

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 continue to benefit 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 medication management (CMM) services in Medicare. CMM 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.

CMM is supported by the Primary Care Collaborative, (PCC), in which ACCP as well as the major primary care medical organizations are actively involved. CMM helps ensure that seniors' medication use is effectively coordinated, and in doing so enhances seniors' health care outcomes, contributing directly to Medicare's goals for quality and affordability. CMM can "get the medications right" as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

According to the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) Report: Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care, fragmented care may increase the risk of medication mismanagement because prescribing happens across many care settings. Illness and death resulting from non-optimized medication therapy led to an estimated 275,000 avoidable deaths in 2016, with an economic impact of over half a trillion dollars.[2]

Value-Based Payment and Team-Based Care Models

ACCP strongly supports CMS's proposals to advance value-based care through updates to the Quality Payment Program (QPP), including the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). In addition, we support the proposed

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[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

[2] National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983

increase to the conversion factor for 2026 by 3.8% for qualifying alternative payment models and 3.6% for all other physicians. However, as many of our physician colleagues have noted, the majority of the increases for 2026 are temporary adjustments which will expire at the end of the year. In 2027, practices will face another pay cut and may struggle to keep pace with inflation. ACCP is strongly concerned that continued pressure on physician reimbursement could undercut the collaborative patient care environments in which clinical pharmacists and physicians operate every day. In short, under-payment to physicians could reduce their interest, willingness and ability to seek collaboration with other non-physician healthcare experts, like clinical pharmacists.

Primary care practices participating in the CMMI (CMS Innovation Center) CPC+ Track 2 initiative were required to provide CMM 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. CMM services are also currently available to patients receiving care under the Maryland Primary Care Program. Based on the demonstrated effectiveness of CMM in these programs, we urge you to explore opportunities to increase access to CMM under the Advanced Primary Care Hybrid Payment outlined in the CY2026 Proposed Rule.
ACCP deeply appreciates ongoing dialogue to date with leaders from the Medicare program, and CMMI, to discuss coverage of CMM, and we look forward to continuing to explore the options that are available to the Administration. Toward this end, we welcome the opportunity to provide additional information about the success of CMM.

Thank you again for the opportunity to comment on the proposed Medicare Physician Payment Schedule for Calendar Year 2026. Overall, we remain concerned about the long-term financial sustainability of the broader medical 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.