



**Statement of the  
American College of Clinical Pharmacy to  
the US House Energy and Commerce  
Committee, Health Subcommittee**

**Lowering Health Care Costs for All  
Americans: An Examination of the  
Prescription Drug Supply Chain**

**February 11, 2026**



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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement in response to the Energy and Commerce Committee, Health Subcommittee hearing: Lowering Health Care Costs for All Americans: An Examination of the Prescription Drug Supply Chain.

As the committee examines ways to improve the prescription drug supply chain, we believe that it is important to also focus on improving the overall effectiveness and value medication therapy, not simply the cost of medicines. That is why we support legislative action to add a defined comprehensive clinical pharmacy benefit to the Medicare program, as described below.

### **ACCP and Clinical Pharmacists**

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 have prepared them to address.

### **Medications Play a Central Role in Seniors' Healthcare Treatment**

According to data from the Centers for Medicare and Medicaid Services (CMS), medications are the fundamental treatment intervention in each of the eight most prevalent chronic conditions in Medicare patients. For the typical Medicare beneficiary, nearly nine in ten (89%) adults 65 and older report they are currently taking at least one prescription medicine. In addition, more than

half of adults 65 and older (54%) report taking four or more prescription drugs compared to one-third of adults 50-64 years old (32%) and about one in ten adults 30-49 (13%) or 18-29 (7%).<sup>1</sup>

The burden of chronic physical and mental health conditions has far-reaching implications for the Medicare program. Over 68% of Medicare beneficiaries have two or more chronic conditions and over 36% have four or more chronic conditions. In terms of Medicare spending, beneficiaries with two or more chronic conditions account for 93% of Medicare spending, and those with four or more chronic conditions account for almost 75% of Medicare spending.<sup>2</sup>

### **Clinical Pharmacists and Management of Chronic Disease**

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.<sup>3</sup> 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.

Currently, millions of complex, chronically ill Medicare beneficiaries undergo medication therapy in a care delivery system that is fragmented and insufficiently focused on

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<sup>1</sup> KFF Data Note: Prescription Drugs and Older Adults – February 2019. Accessed 2/9/2026. Available [here](#).

<sup>2</sup> Lochner KA, Cox CS. Prevalence of Multiple Chronic Conditions Among Medicare Beneficiaries, United States, 2010. *Prev Chronic Dis* 2013;10:120137. DOI: <http://dx.doi.org/10.5888/pcd10.120137>

<sup>3</sup> 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>

quality and outcomes. This system deficiency not only fails to adequately meet patient needs but threatens the long-term structural and financial viability of the Medicare program.

### **Medicare Needs a Comprehensive Clinical Pharmacy Benefit**

To help address our nation's emerging medication-use crisis, ACCP has proposed coverage for comprehensive clinical pharmacy services<sup>4</sup> in Medicare to integrate clinical pharmacists working as formal members of the patient's primary health care team, demonstrated through empirical, peer-reviewed studies and everyday practice to significantly improve clinical outcomes and enhance the safety of patients' medication use.

This process of care is supported by the Primary Care Collaborative, (PCC), in which ACCP as well as the major primary care medical organizations are actively involved. Clinical pharmacists help 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.

For rural communities, access to clinical pharmacy services can help create efficiencies across the health delivery system. Clinical pharmacists help deliver enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities. Physicians are able to dedicate more time to the diagnostic and treatment selection process, enabling them to be more efficient, see more patients, and spend more time providing medical care. Team members are freed up to practice at the highest level of their own scopes of practice by fully utilizing the qualified clinical pharmacist's skills and training to coordinate the medication use process as a full team member.

According to the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report, 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.<sup>5</sup>

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<sup>4</sup> ACCP Infographic: What Are Comprehensive Clinical Pharmacy Services? Accessed 2/9/2026. Available [here](#).

<sup>5</sup> 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>

Despite these facts, traditional practice models and payment policies result in disjointed prescribing and distribution of medications from unconnected professional “silos.” No effective incentives currently exist in Medicare to support a coordinated medication management service for beneficiaries delivered by an effective inter-professional health care team. And our current system consistently fails to deliver the full promise medications can offer.

We therefore urge Congress to consider opportunities to integrate coordinated, team-based comprehensive clinical pharmacy services delivered across all care settings (e.g. hospital, outpatient practice, managed care), and during transitions between care settings, throughout the entire Medicare program.

Patients benefit from the delivery of comprehensive clinical pharmacy services to the increased individualized attention to medications and the role they play in the patient’s therapeutic care plan. In addition, physicians and other care team members benefit when pharmacists apply their pharmacotherapeutic expertise in a collaborative process to help manage complex drug therapies.

### **Comprehensive Clinical Pharmacy Services Are Proven Effective**

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:

- In Minnesota, a coalition of eight Federally Qualified Health Centers (FQHCs) launched an initiative in 2018 to integrate access to comprehensive clinical pharmacy services for patients who are not meeting clinical quality goals or who have been referred by providers or other staff. The successful program led to an estimated cost savings of \$950 to \$1,169 per patient.<sup>6</sup>
- In California, an assessment of the impact on actual medical claims of a novel artificial intelligence platform that provides decision support to clinical pharmacists performing medication optimization services to high-risk Medicaid patients found

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<sup>6</sup> GTMRx: The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs. Accessed 11/5/2025. Available [here](#).

that California's Medicaid (Medi-Cal) program could save more than \$1B annually by applying the program's observed impact to a similar high-risk cohort (about 1.6%) of Medi-Cal members.<sup>7</sup>

- In Texas, a state-wide healthcare delivery system incentive-based payment reform program delivering comprehensive clinical pharmacy services to over 3,000 patients suffering from at least one chronic condition resulted in over \$1 million savings.<sup>8</sup>

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.

## **Conclusion**

ACCP appreciates your attention to this statement. We applaud the leadership of this committee in working to find solutions to improve access to medications and services to optimize those medications. We are certain that tackling our unacceptably high medication misuse problem through Medicare coverage of comprehensive clinical pharmacy services will help improve and modernize the Medicare program and reduce the overall growth in health care spending.

If you have any questions, feel free to contact:

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<sup>7</sup> Kessler S, Desai M, McConnell W, et al. Economic and utilization outcomes of medication management at a large Medicaid plan with disease management pharmacists using a novel artificial intelligence platform from 2018 to 2019: a retrospective observational study using regression methods. *J Manag Care Spec Pharm.* 2021;27(9):1186-96

<sup>8</sup> Chung TH, Hernandez RJ, Libaud-Moal A, et al. The evaluation of comprehensive medication management for chronic diseases in primary care clinics, a Texas delivery system reform incentive payment program. *BMC Health Services Research.* 2020; 20:671. doi: 10.1186/s12913-020-05537-3