



**Statement of the
American College of Clinical Pharmacy to
Senator Chuck Grassley (IA) and Senator
Ben Ray Luján (NM)**

**Request-for-Information on Pharmacists
Providing Chronic Care**

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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement in response to the request for information on pharmacists providing chronic care.

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.

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.¹

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

¹ 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>

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.² 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.

What role do pharmacists perform in providing chronic care services, especially for seniors in rural and underserved areas?

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%).³

Currently, millions of complex, chronically ill Medicare beneficiaries receive care in a delivery system that is fragmented and insufficiently focused on quality and outcomes. This program deficiency not only fails to adequately meet patient needs but threatens the long-term structural and financial viability of the Medicare program.

To help address our nation's emerging medication-use crisis, ACCP has proposed coverage for comprehensive medication management (CMM) services in Medicare. CMM is the comprehensive clinical pharmacy service⁴ provided by clinical pharmacists working as formal members of the patient's primary health care team health care team. It has been shown through

² 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>

³ KFF Data Note: Prescription Drugs and Older Adults – February 2019. Accessed 11/5/2025. Available [here](#).

⁴ ACCP Infographic: What Are Comprehensive Clinical Pharmacy Services? Accessed 11/7/2025. Available [here](#).

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.

For rural communities, access to CMM can help create efficiencies across the health delivery system. CMM contributes to 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: 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.⁵

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. When combined with the continuing growth in the number and categories of medications -- and greater

⁵ 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>

understanding of the genetic and physiologic differences in how people respond to their medications -- the current system consistently fails to deliver the full promise medications can offer. We therefore urge Congress to consider opportunities to integrate coordinated, team-based CMM delivered across all care settings (e.g. hospital, outpatient practice, managed care), and during transitions between care settings, throughout the entire Medicare program.

What role do rural health clinics (RHCs) and federally qualified health centers (FQHCs) play in improving pharmacy services under Medicare in rural and underserved areas?

CMM is a process of care of particular benefit to those complex, chronically ill patients who are otherwise failing to reach their targeted clinical goals through their medication therapy. By taking advantage of opportunities offered by advances in health information technology, this service can often be delivered virtually, ensuring that patients in rural and underserved areas can access the care they need.

Patients benefit from the delivery of CMM in terms of improved outcomes due 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.

In Minneapolis, Minnesota, a coalition of eight FQHCs launched an initiative in 2018 to integrate access to CMM 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.⁶

Through empirical peer-reviewed studies, as well as everyday practice, these services have been shown to significantly improve clinical outcomes and enhance the safety of patients' medication use. For example, a three-year non-randomized clinical study to evaluate the impact of CMM services in older patients (ages 65-80 years) with established cardiovascular disease resulted in better care and better outcomes for patients and cost reductions achieved through reduced hospital admissions and unplanned primary care visits.⁷

⁶ 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](#).

⁷ Brajkovic A, Bosnar L, Gonzaga do Nascimento MM, et al. Healthcare utilization and clinical outcomes in older cardiovascular patients receiving comprehensive medication management services: A nonrandomized clinical study. *International Journal of Environmental Research and Public Health*. 2022;19:2781. doi: 10.3390/ijerph19052781

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 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.⁸

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.⁹

Despite the acceptance and coverage of comprehensive clinical pharmacy services in top-tier integrated healthcare systems like the Mayo Clinic, Kaiser Permanente, the U.S. Veterans Affairs health program, and others, Medicare does not cover this care.

ACCP appreciates your attention to this statement. We applaud the leadership of Congress in working to find solutions to improve the quality of care for Medicare beneficiaries with chronic illness. 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.

If you have any questions, feel free to contact:

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⁸ 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

⁹ 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