Statement of the American College of Clinical Pharmacy to the US Senate, Committee on Finance, Minority Staff

Commonsense Policy Options to Lower Drug Prices for Patients

August 17, 2026

Office of Government and Professional Affairs
1455 Pennsylvania Ave., NW
Suite 400
Washington, DC 20004
(202) 621-1820
www.accp.com

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement in response to the Senate Finance Committee, Minority Staff: Commonsense Policy Options to Lower Drug Prices for Patients.

As the committee examines ways to improve the prescription drug supply chain and reduce costs for patients, we believe that it is important to also focus on improving the overall effectiveness and value of 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 15,000 clinical pharmacists, residents, fellows, students, researchers, 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, specialist and generalist physician offices, integrated health systems, hospitals, 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. Evidence-based pharmacotherapy is built on clinical trial results and clinical pharmacists also serve as essential members of the research team who ensure that drug development, dosing, safety, and patient-focused outcomes are optimized.

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%).[1]

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.[2]

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

Clinical Pharmacists and Management of Medication Therapy for Chronic Disease

Comprehensive clinical pharmacy services employ a team-based approach to patient care where clinical pharmacists frequently work as part of physician-led patient care teams under formal collaborative practice agreements (CPAs). These agreements create formal relationships between pharmacists and physicians, defining patient care functions in which the clinical pharmacist may engage. 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 time-intensive work involved with complex medication management. As such, CPAs are a testament to the cooperative professional collaboration that exists today between physicians and clinical pharmacists.

There could scarcely be a more important time to capitalize on 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.[3] Given the central role that medications play in the treatment of chronic conditions, combined with the

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[1] KFF Data Note: Prescription Drugs and Older Adults – February 2019. Accessed 2/9/2026. Available here.

[2] 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

[3] 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

continuing complexity and cost of medications, the nation's health care system consistently fails to deliver the full promise that medications can offer.

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[4] 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 and manage the medication therapy as a full team member.

According to the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report, fragmented care can 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]

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[4] ACCP Infographic: What Are Comprehensive Clinical Pharmacy Services? Accessed 2/9/2026. Available here.

[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

Despite these facts, traditional practice models and payment policies result in disjointed prescribing and distribution of medications from disconnected patient care "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. Therefore, our current system consistently fails to deliver the full promise medications can offer.

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

Patients benefit from the delivery of comprehensive clinical pharmacy services that enhance individualized attention to medications and the critical role they play in achieving desired patient outcomes. In addition, physicians and other care team members benefit when clinical 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. Hence, clinical pharmacists are fully integrated in team-based care in the VA Healthcare system, state Medicaid programs, and leading healthcare systems (e.g., Mayo Clinic and Kaiser Permanente).

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 adding this benefit 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 the affordability and access to medications and the services intended 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, please contact:

John K. McGlew
Senior Director, Government Affairs
American College of Clinical Pharmacy
1455 Pennsylvania Ave., NW, Suite 400
Washington, DC 20004-1017
jmcglew@accp.com
202.621.1820