

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

Senator Chuck Grassley (IA) and Senator Ben Ray Luján (N.M.)

### **Enhancing Pharmacy and Medical Services:**

The important role of the community pharmacists in rural and underserved communities, and opportunities to strengthen their role to improve health care for seniors.

*The Pharmacy and Medically Underserved Areas Enhancement Act* encourages pharmacists in rural and underserved areas to offer health care services such as health and wellness screenings, immunizations, and diabetes management by authorizing Medicare Part B payments for those services where pharmacists are already licensed under state law to provide them. Many states already allow pharmacists to provide these services, but there is currently no way for pharmacists to receive direct Medicare reimbursement for providing them.

Pharmacists are best known as the health care provider who fills your prescription. However, pharmacists are trained and licensed to do far more, including in many states to provide medication management to a patient,<sup>1</sup> perform preventative care services and wellness screenings,<sup>2</sup> administer tests, treat and perform immunizations,<sup>3</sup> provide diabetes management services,<sup>4</sup> prescribe tobacco cessation aids,<sup>5</sup> and other chronic care support.<sup>6, 7</sup> Patients trust and desire to have a pharmacist in their care team.

While performing these services can be beneficial to improving patient access to care that's closer to home and patient outcomes, Medicare's fee-for-service rules limit the ability for pharmacists to perform these services, as they do not have "provider status" under Medicare. This means they do not have "incident to" billing privileges, so the pharmacist must work with a willing physician to work under for these services and bill Medicare.<sup>8</sup> While pharmacists can perform these services, are trained to perform these services, and in many states licensed to perform these services, they cannot bill Medicare directly for these services.

We have seen firsthand the positive impact of pharmacists being able to directly bill for the services they are licensed and trained to perform. During the COVID-19 public health emergency, pharmacists were allowed to bill for certain pandemic response activities (testing, vaccinating, treatment) under Medicare.<sup>9</sup> Much of this temporary flexibility has gone away. However, patients living in rural and underserved communities are once again limited in accessing their local pharmacist, who is a trusted and nearby health care provider.

With the current and future health care needs,<sup>10</sup> it is important that patients have access to timely and accessible care that is maintained or expanded. Rural pharmacists provide vital services they provide for their community.<sup>11</sup> We know that more than 90 percent of Americans live within five miles of a community pharmacy and they typically are the most accessible health care provider to provide the highest level of care.<sup>12</sup> Today, we have about 30 percent fewer<sup>13</sup> retail pharmacies than we did a decade ago, and we have fewer rural and independent pharmacies.<sup>14</sup> With the challenges rural and independent pharmacists face with pharmacy benefit managers (PBMs), ensuring pharmacists can perform and bill for services they are licensed and trained is more important than ever.

Pharmacists are important in helping manage chronic diseases, which is the leading cause of illness, disability, and death in the United States.<sup>15</sup> Chronic disease is becoming more prevalent as our country ages, but recent medical advances make managing chronic conditions more effective.<sup>16</sup> We know that community pharmacists play an important role in providing care and helping patients manage their chronic diseases from educating patients to monitoring patients to supporting additional care for their patients.<sup>17</sup> Pharmacists perform many of the chronic care preventative services<sup>18</sup> and care management.<sup>19</sup> However, pharmacists cannot directly bill for these services under Medicare. This creates red tape and limits access to basic health care services for seniors.

Given the unique pressing challenges of chronic care among seniors, Senator Grassley and Senator Luján request feedback on focusing pharmacy provider status for chronic care needs.

### **Request-for-Information Questions**

To support this request-for-information (RFI) on pharmacists providing chronic care, Senator Grassley and Senator Luján request feedback on the following questions by no later than November 10, 2025 (written feedback can be sent to [nic\\_pottebaum@grassley.senate.gov](mailto:nic_pottebaum@grassley.senate.gov) and [calli\\_shapiro@lujan.senate.gov](mailto:calli_shapiro@lujan.senate.gov)):

1. What role do pharmacists perform in providing chronic care services, especially for seniors in rural and underserved areas?
2. How could pharmacist provider status for chronic care services improve access to care for seniors?
3. 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?
4. How does regulatory red tape reduce the care that pharmacists can perform?
5. Are there other considerations that policymakers should account for in establishing pharmacist provider status?

---

<sup>1</sup> The National Board of Medication Therapy Management, “Can a pharmacist provide MTM services across different states?,” accessed on August 26, 2025, <https://www.nbmtm.org/public/can-pharmacist-provide-mtm-services-across-different-states/>.

<sup>2</sup> Academy of Managed Care Pharmacy, “Patient Care Services Provided by a Pharmacist,” accessed on August 26, 2025, <https://www.amcp.org/legislative-regulatory-position/patient-care-services-provided-pharmacist>.

<sup>3</sup> National Alliance of State Pharmacy Associations (NASPA), “Pharmacist and Pharmacy Technician Vaccination Authority,” September 3, 2025, <https://naspa.us/resource/2024-pharmacist-immunization-authority/>; American Pharmacists Association (APhA), “HHS extends federal authority consistent with APhA request for pharmacy personnel to independently administer vaccines and test to treat services through 2029,” December 10, 2024, <https://www.pharmacist.com/APhA-Press-Releases/hhs-extends-federal-authority-consistent-with-apha-request-for-pharmacy-personnel-to-independently-administer-vaccines-and-test-to-treat-services-through-2029>; DeMaagd, G. and Pugh, A., *U.S. Pharmacist*, “Pharmacists’ Expanding Role in Immunization Practices,” October 18, 2023, <https://www.uspharmacist.com/article/pharmacists-expanding-role-in-immunization-practices>; NASPA, “Pharmacist Prescribing: Test & Treat,” August 1, 2025, <https://naspa.us/resource/pharmacist-prescribing-for-strep-and-flu-test-and-treat/>.

<sup>4</sup> Centers for Disease Control and Prevention (CDC), “Promoting Medication Management,” May 15, 2024, <https://www.cdc.gov/diabetes/hcp/clinical-guidance/promote-medication-management.html>.

<sup>5</sup> NASPA, “Pharmacist Prescribing: Tobacco Cessation Aids,” February 10, 2021, <https://naspa.us/resource/tobacco-cessation/>.

<sup>6</sup> CDC, “Provision of Clinical Preventive Services by Community Pharmacists,” December 1, 2026, [https://www.cdc.gov/pcd/issues/2016/16\\_0232.htm](https://www.cdc.gov/pcd/issues/2016/16_0232.htm).

<sup>7</sup> U.S. Department of Labor, U.S. Bureau of Labor Statistics, “What Pharmacists Do,” April 18, 2025, <https://www.bls.gov/ooh/healthcare/pharmacists.htm#tab-2>.

<sup>8</sup> APhA, “Incident to Services,” last updated February 9, 2023, <https://www.pharmacist.com/Blogs/CEO-Blog/incident-to-services>.

<sup>9</sup> Office of Charles E. Grassley, “Grassley, Colleagues Seek Clarity for Pharmacists as Regulatory Flexibilities Wind Down,” May 3, 2022, <https://www.grassley.senate.gov/news/news-releases/grassley-colleagues-seek-clarity-for-pharmacists-as-regulatory-flexibilities-wind-down>.

<sup>10</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), “State of the Primary Care Workforce, 2024,” November 2024, <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf>.

<sup>11</sup> U.S. Senate Committee on the Judiciary, “Grassley Opens Judiciary Markup on Bipartisan Prescription Drug Pricing Bills,” April 3, 2025, <https://www.judiciary.senate.gov/press/rep/releases/grassley-opens-judiciary-markup-on-bipartisan-prescription-drug-pricing-bills>.

<sup>12</sup> CDC, “Community Pharmacists’ Contributions to Disease Management During the COVID-19 Pandemic,” July 23, 2020, [https://www.cdc.gov/pcd/issues/2020/20\\_0317.htm#:~:text=More%20than%2090%25%20of%20people,acute%20disease%20prevention%20and%20management](https://www.cdc.gov/pcd/issues/2020/20_0317.htm#:~:text=More%20than%2090%25%20of%20people,acute%20disease%20prevention%20and%20management); Journal of the American Pharmacists Association, Volume 62, Issue 6, 1816 - 1822.e2, [https://www.japha.org/article/S1544-3191\(22\)00233-3/fulltext](https://www.japha.org/article/S1544-3191(22)00233-3/fulltext); Valliant, S.N. et al, *Journal of Managed Care & Specialty Pharmacy*, “Pharmacists as accessible health care providers: Quantifying the opportunity,” December 23, 2021, <https://doi.org/10.18553/jmcp.2022.28.1.85>; Berenbrok, L.A. et al, *JAMA Network Open*, “Evaluation of frequency of encounters with primary care physicians vs visits to community pharmacies among Medicare beneficiaries,” July 15, 2020, <https://doi.org/10.1001/jamanetworkopen.2020.9132>.

<sup>13</sup> University of California-Berkeley Public Health, “Nearly 1 in 3 retail pharmacies have closed since 2010,” December 4, 2024, <https://publichealth.berkeley.edu/articles/spotlight/research/nearly-1-in-3-retail-pharmacies-have-closed-since-2010>.

<sup>14</sup> Rural Health Research Gateway, “Update on Rural Independently Owned Pharmacy Closures in the United States, 2003-2021,” September 1, 2022, <https://www.ruralhealthresearch.org/alerts/504>; University of Iowa – Carver College of Medicine, Office of Statewide Clinical Education Programs, Iowa Health Professions Tracking Center, “Iowa Pharmacist Tracking System Advisory Committee Meeting,” February 8, 2024, [https://oscep.medicine.uiowa.edu/sites/oscep.medicine.uiowa.edu/files/2024-02/Iowa Pharmaciest 2022 Book.pdf](https://oscep.medicine.uiowa.edu/sites/oscep.medicine.uiowa.edu/files/2024-02/Iowa%20Pharmacists%202022%20Book.pdf); Iowa Pharmacy Association, “29 Iowa Pharmacies Closed in 2024 – PBM Reform Needed to Save Our Pharmacies,” January 20, 2025, [https://www.iarx.org/blog\\_home.asp?display=185](https://www.iarx.org/blog_home.asp?display=185); In May, at a Senate Judiciary Committee hearing, the Committee heard directly from a small-chain Iowa pharmacist who bought a rural pharmacy to try to save it, despite limiting hours and taking a hybrid-model approach, the pharmacy closed this year; U.S.

---

Senate Committee on the Judiciary, Testimony of Randy McDonough, May 13, 2025, [https://www.judiciary.senate.gov/imo/media/doc/2025-05-13\\_testimony\\_mcdonough.pdf](https://www.judiciary.senate.gov/imo/media/doc/2025-05-13_testimony_mcdonough.pdf); KCRG, “Pharmacies say new PBM law will stop pharmacies from closing,” June 12, 2025, <https://www.kcrg.com/2025/06/13/pharmacies-say-new-pbm-law-will-stop-pharmacies-closing/>.

<sup>15</sup> CDC, “About Chronic Diseases,” last updated October 4, 2024, <https://www.cdc.gov/chronic-disease/about/index.html>;

<sup>16</sup> U.S. Food and Drug Administration (FDA), “From Awareness to Action: Tackling the Rising Burden of Common Chronic Diseases,” last updated July 16, 2024, <https://www.fda.gov/news-events/fda-voices/awareness-action-tackling-rising-burden-common-chronic-diseases>; CDC, “Older Adults,” last updated June 3, 2024, <https://www.cdc.gov/cdi/indicator-definitions/older-adults.html>.

<sup>17</sup> Kokoro, R.N. and Nduaguba, S.O., *Exploratory Research in Clinical and Social Pharmacy*, “Community pharmacists on the frontline in the chronic disease management: The need for primary healthcare policy reforms in low and middle income countries,” April 13, 2021, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9032016/>.

<sup>18</sup> CDC, “Provision of Clinical Preventive Services by Community Pharmacists,” December 1, 2026, [https://www.cdc.gov/pcd/issues/2016/16\\_0232.htm](https://www.cdc.gov/pcd/issues/2016/16_0232.htm).

<sup>19</sup> National Governors Association, “The Expanding Role of Pharmacists in a Transformed Health Care System,” January 15, 2015, <https://www.nga.org/publications/expanding-role-pharmacists-health-care-system/>; Pollack, S. et al, University of Washington, Center for Health Workforce Studies, “Assessing the Size and Scope of the Pharmacist Workforce in the U.S.,” September 2020, [https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2020/09/Pharmacist-Size-Scope\\_FR\\_Sep4\\_2020.pdf](https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2020/09/Pharmacist-Size-Scope_FR_Sep4_2020.pdf).