



Academic Pharmacy Faculty Patient Care Services

Advocacy Points

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This document, created by the AACP Workgroup on Payment for Faculty-Provided Patient Care Services, outlines a comprehensive advocacy strategy to secure formal recognition and financial compensation for patient care services delivered by pharmacy faculty. It emphasizes that exchanging clinical services for teaching sites is an unsustainable model that undervalues the profession and does not adequately prepare students for contemporary practice. This may be used by college/school administrators, faculty, staff, or students. Key themes with corresponding talking points are included, along with more detailed talking points by issue area, lists of policy asks that academic pharmacy leaders can advance, and tailored messaging for specific audiences.

Credits and Acknowledgments

AACP Workgroup on Payment for Faculty-Provided Patient Care Services:

Ashley Ellis

The University of Tennessee Health Science Center College of Pharmacy

Don A. Godwin

The University of New Mexico College of Pharmacy

Paul Gubbins (Vice Chair)

University of Missouri–Kansas City School of Pharmacy

John Gums (Chair)

University of Florida College of Pharmacy

Randy McDonough

Loma Linda University School of Pharmacy

Magaly Rodriguez de Bittner

University of Maryland School of Pharmacy

Todd Sorensen

University of Minnesota College of Pharmacy

Kristen Wiisanen

Rosalind Franklin University of Medicine and Science College of Pharmacy

Miranda Steinkopf (Staff Liaison)

American Association of Colleges of Pharmacy

How to Use This Document

This is designed as a flexible tool to help build customized, high-impact business cases or value propositions to secure financial compensation for patient care services delivered by pharmacy faculty. To maximize your advocacy efforts:

- Identify your audience: Determine if you are speaking to university leadership, legislators, payers, or health system executives.
- Determine a clear ask: Be prepared with a specific request. Select the appropriate action item from the Policy Asks section and deliver the provided closing statement.
- Tailor the message: Select 2–3 relevant talking points from the High-Level Advocacy Themes and match them with the specific audience motivators in the Tailored Messages section.

Core Message

Pharmacy faculty patient care services create measurable value for patients, health care settings, learners and the profession of pharmacy. As such, these services should be recognized, sustained, and appropriately compensated. Academic pharmacy can no longer rely on a model in which faculty-provided patient care services are exchanged primarily for teaching sites or provided without compensation, because that undervalues pharmacists' services, weakens sustainable care delivery, and trains learners in models that are increasingly out of step with contemporary practice.

High Level Advocacy Themes

1. Faculty pharmacy services improve care and expand access

Pharmacists improve therapeutic, safety, and humanistic outcomes when they are part of the interprofessional care team, and academic pharmacy faculty bring that expertise directly into clinics, hospitals, community-based settings, and team-based care environments. Academic faculty pharmacists also help expand access to primary care, medication optimization, health promotion, immunization, and chronic disease management.

Talking points

- Pharmacy faculty are not ancillary observers; they are direct patient care providers who improve outcomes.
- Faculty pharmacists help close access gaps, especially in primary care shortage areas, rural communities, and safety-net settings.
- Every time faculty pharmacists optimize therapy, improve adherence, prevent adverse events, or support preventive care, they create value for patients and for the health care system.

2. Payment is a sustainability issue, not just a professional fairness issue

A national assessment¹ found that 97% of colleges/schools of pharmacy reported faculty providing clinical services, but only 54% bill for those services. This means the Academy is delivering care at a larger scale while often failing to capture sustainable revenue or formal recognition for that work.

Talking points

- The current model often asks faculty to generate patient care value and service-based income without a sustainable payment mechanism.
- When faculty services are donated or bundled only into experiential arrangements, the pharmacist's contribution is undervalued.
- Unpaid care is not a durable workforce strategy for academic health centers, colleges/schools of pharmacy, or their clinical partners.

3. Paying for faculty services strengthens education

An AJPE commentary² argues that students must be prepared for financially sustainable practice models, not simply exposed to clinical care in settings where services are routinely given away. A powerful message for policymakers: payment is tied not only to current care access, but also to the preparation of the future health care workforce.

Talking points

- Students should train in real-world practice models that reflect how optimal care should be delivered and financed.
- If faculty cannot deliver sustainable patient care models, graduates are not prepared to build them.
- Payment for faculty services supports practice-ready graduates, stronger preceptor development, real-life role models, and workforce readiness.

4. The policy environment is moving in this direction

State policy activity is substantial and growing. NASPA reports³ that in the 2024 legislative session, 165 bills related to pharmacist scope of practice and payment were introduced in 41 states, and 45 bills in 31 states were enacted. NASPA's 2025⁴ end of year legislative update reported 244 bills in 49 states with 41 bills enacted. So far in 2026⁵, 141 bills related to pharmacist scope of practice and reimbursement for pharmacist-provided patient care services have been introduced across 41 states. States have enacted 37 bills and issued 12 final rules affecting pharmacists' scope of practice or payment for services.

Talking points

- Policymakers are not starting from zero; some states have legislated standard of care regulatory models for pharmacy and expanded pharmacist's authority. Many other states are following similar pathways, and most states have payment models for pharmacist's services with some states mandating payment for these services.
- Academic pharmacy leaders are asking to align educational and care delivery models with the direction states are already taking.
- The question is no longer whether pharmacists contribute clinical and economic value; it is whether payment policy will keep pace.

5. Payment mechanisms already exist and can be expanded

A national assessment¹ found that among pharmacy schools billing for faculty services, common billable services included chronic care management (79%), MTM (71%), immunizations (66%), and annual wellness visits (45%). It also found that 66% of schools used incident-to billing, though most stated they are billing at the lowest billing levels. With standard of care and full scope of practice authority increasing in many states, pharmacists are billing as independent providers with some states requiring payment parity.

Talking points

- This is not theoretical; pharmacy schools are already using workable and billable payment models.
- Existing pathways also include value-based care arrangements, shared-savings programs, quality incentive payments, and performance-based agreements that reward improvements in outcomes, medication adherence, population health metrics, and total cost of care.
- Existing pathways include incident-to billing, offset arrangements, flat-fee or shared-support agreements, direct billing where permitted, and payer-specific models.
- Informed policy and payment infrastructure could move more academic practice sites from low-level or ad hoc models to sustainable reimbursement strategies.

Core Advocacy Talking Points by Issue Area

A. Patient care value

- Pharmacy faculty deliver direct patient care that improves patient outcomes through appropriate medication use, chronic disease management, improved safety, and health promotion.
- Faculty pharmacists provide diverse patient care services including comprehensive medication management, immunizations, transitions of care, and chronic care management.
- Evidence supporting pharmacist team-based care shows better therapeutic and safety outcomes, not just process improvements. Additionally, evidence demonstrates how pharmacists integrated as part of the interprofessional care team reduce overall health care costs.

B. Access to care

- In many settings and in most communities, pharmacists are among the most accessible health professionals.
- Faculty pharmacists extend the capacity of physicians and other prescribers by helping to manage medication-intensive conditions, reduce provider burden, and improve continuity of care.
- Payment for pharmacist services is an access strategy, especially in primary care shortage areas and medically underserved communities.

C. Workforce and education

- Student pharmacists should experience sustainable practice models during experiential training.
- Faculty who practice in billable, team-based environments are better positioned to train graduates for contemporary care delivery.
- Supporting faculty billing capacity also helps preceptors and alumni, who need continuing professional development in these models.
- Faculty create value beyond directly billable services through population health management, quality improvement initiatives, interprofessional education, clinical teaching of non-pharmacy learners, and contributions to organizational performance metrics that support value-based payment arrangements.

Many colleges/schools of pharmacy are advocating for their faculty to contribute to the economic stability of the college/school through the revenue generated through the delivery of patient care services.

D. Financial stewardship

- Institutions routinely protect and grow revenue in teaching and research; pharmacy practice should be treated with the same rigor and protection.
- Faculty patient care services should not be omitted or left out in institutional finance conversations.
- Appropriate revenue from patient care services helps support faculty recruitment, retention, infrastructure, and innovation.

Policy Asks that Academic Pharmacy Leaders Can Advance

Federal policy asks

- Support federal recognition of pharmacists as providers under Medicare for covered services within scope.
- Preserve and clarify compliant pathways such as incident-to billing while broader provider recognition is pursued.
- Encourage CMS and other contractors to issue guidance that reduces ambiguity for pharmacist participation in team-based care payment models.

State policy asks

- Recognize pharmacists as providers paid for their clinical services provided under state Medicaid and state-regulated commercial plans where feasible.
- Ensure pharmacists can be paid for services delivered within scope of practice (as determined by state practice acts), and/or through the use of Collaborative Practice Agreements (CPAs), statewide protocols, independent practice, and other lawful authorities.
- Align state payment policy with contemporary pharmacist scope-of-practice laws.
- Permit and clarify payment for health promotion services, chronic disease management, test-and-treat, and medication optimization services.
- Reduce administrative barriers that prevent pharmacists from enrolling, billing, and being credentialed where state law allows.

University/College asks

- Recognize faculty clinical practice as a core academic mission area alongside teaching and research, with institutional expectations and support structures that acknowledge the strategic value of patient care services.
- Invest in centralized infrastructure to support faculty clinical service reimbursement, including billing support, coding expertise, compliance resources, and revenue cycle management within academic health systems and universities.
- Develop academic–practice agreements that appropriately value the total contribution of faculty patient care services, including participation in value-based contracts, quality performance programs, population management activities, shared-savings arrangements, and other organizational initiatives that generate measurable clinical and financial value.
- Develop academic–practice agreements that appropriately value faculty patient care contributions, including sustainable compensation models, revenue-sharing mechanisms, and recognition of clinical productivity in workload and promotion structures.
- Reinvest a portion of faculty practice revenue into the academic mission, including faculty development, preceptor support, experiential education, clinical innovation, and expansion of sustainable care models that enhance patient outcomes and workforce training.

Payer asks

- Recognize pharmacists as reimbursable providers for clinical services delivered within state scope of practice, including chronic disease management, preventive care, medication optimization, and collaborative practice services.
- Encourage payer contracts and alternative payment models that explicitly recognize pharmacist contributions to quality performance measures, risk-based arrangements, shared-savings programs, and other value-based reimbursement mechanisms.

- Expand inclusion of pharmacist-delivered services in value-based care and population health models, particularly for high-risk and medication-intensive patient populations where pharmacists improve quality metrics and reduce total cost of care.
- Develop standardized credentialing and contracting pathways for pharmacists and academic pharmacy practice sites to reduce administrative barriers and improve payer participation.
- Support pilot programs and innovative reimbursement models with academic pharmacy partners to evaluate the impact of pharmacist-provided care on patient outcomes, healthcare utilization, and quality performance measures.

Tailored Messages for Specific Audiences

For state legislators

- “This is a workforce and access issue. Pharmacists, who are one of the most accessible health care providers, already deliver needed services; policy should allow the state to recognize and reimburse that workforce fairly and in parity with other providers.”
- “Academic pharmacy faculty serve patients today and train tomorrow’s workforce. Payment policy affects both current access and future capacity.”
- “States across the country are expanding pharmacist scope and payment; our state should not fall behind.”

For Medicaid officials

- “Medication-related problems increase avoidable utilization and cost. Faculty pharmacists can help manage high-risk patients in team-based models which can lead to overall reductions in total health care costs.”
- “Academic pharmacy offers a scalable implementation partner because faculty practice sites also train students and preceptors.”
- “Clear reimbursement pathways can improve care access while supporting workforce development.”

For health system leaders

- “Faculty pharmacists improve quality, support physicians, and help manage complex medication use.”
- “Compensating faculty services creates a more stable academic-practice partnership than relying on donated labor.”
- “A strong reimbursement model supports recruitment, retention, teaching, and service-line growth.”

For university presidents, provosts, and boards

- “Clinical practice is a strategic enterprise alongside teaching and research.”
- “Patient care revenue, like indirect cost recovery, should be recognized as a reinvestable asset.”
- “Undercompensated faculty clinical work creates financial and morale strain and weakens the university’s clinical mission.”
- “Reimbursement for faculty-provided clinical services is routinely supported and reinvested in medicine, nursing, and other health professions; pharmacy faculty clinical services should be treated with the same institutional and financial recognition.”

For private payers

- “Pharmacists improve medication use and chronic disease outcomes in ways that align with value-based care goals.”
- “Payment for pharmacist services can support better performance on quality measures, adherence metrics, and patient experience.”
- “Academic pharmacy can serve as a high-quality development and implementation partner.”

Suggested Closing Statement for Oral Advocacy

“Academic pharmacy faculty are already delivering quality patient care, improving outcomes, expanding access, and training the future workforce. The question before us is whether policy and payment models will finally recognize that value. When faculty pharmacists are appropriately supported and paid, patients benefit, health care systems benefit, students benefit, and the profession becomes more sustainable.”

References

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5. National Alliance of State Pharmacy Associations. 2026 Mid-Year Legislative and Regulatory Update. Updated July 20, 2026. Accessed August 28, 2026. <https://naspa.us/resource/2026-mid-year-legislative-and-regulatory-update/>

Additional Resources

1. AACP Advocacy Center. Accessed September 21, 2026. <https://www.aacp.org/resource/advocacy-center>
2. AACP Advocacy Guide for Pharmacy Practice and Education. Updated July 2025. Accessed September 21, 2026. <https://www.aacp.org/sites/default/files/2025-07/Advocacy%20Guide%20for%20Pharmacy%20Practice%20and%20Education%202025.pdf>