

August 21, 2025

The Honorable Mark Gordon
Governor of Wyoming
State Capitol
200 West 24th Street
Cheyenne, WY 82002

Via email: mark.gordon@wyo.gov

Re: Leveraging Local Pharmacists to Accelerate Rural Health Transformation & Maximize the Rural Health Fund

Dear Governor Gordon,

On behalf of the National Association of Chain Drug Stores (NACDS), the National Community Pharmacists Association, the Independent Pharmacy Cooperative, the American Pharmacists Association, and the American Association of Colleges of Pharmacy, we appreciate the opportunity to help support and inform your state's rural health transformation strategy. The Rural Health Transformation Program, established through H.R. 1 passed by Congress earlier this year, provides a critical opportunity to foster healthcare access, promote prevention, reduce chronic disease, and improve health outcomes across states. For decades, pharmacies and pharmacists have demonstrated their ability to help achieve these important goals, as the most accessible healthcare providers in the United States. Nearly 90% of Americans live within 5 miles of a community pharmacy¹ and 85% of adults in the U.S. say pharmacists are easy to access, the highest percentage of the tested options.² Pharmacies are open extended hours – including nights and weekends – when other healthcare providers are unavailable. There are also 15% more pharmacy locations compared to physician practices in low-income communities.³ **As you develop personalized strategies to promote rural health transformation in your state, look to community pharmacies to execute your plans and bring real change to communities who need it most.** From chronic disease prevention and management services to substance and opioid use disorder screening, pharmacists offer communities robust clinical expertise and unmatched accessibility and convenience, yet have been vastly underutilized.

Include Payment for Pharmacist Services in Your Rural Health Transformation Strategy

Unlike other healthcare providers, pharmacists have not historically been paid for the clinical services they provide, but only the prescriptions they dispense. As a result, pharmacies have had limited opportunities to widely scale and sustain healthcare services for their communities. Implementing sustainable payment models for pharmacist services that align with the proven clinical value pharmacists provide can unlock new healthcare access, improve health outcomes, and reduce downstream costs, especially in rural and underserved areas. For example, up to \$21.9 billion could be saved within the U.S. healthcare system by optimizing medication use⁴ and pharmacists, as medication experts, are best positioned to capture these savings. As another example, pharmacy interventions saved \$450 billion in healthcare costs during the COVID-19 public health emergency.⁵

¹ Berenbrok L, Tang S, et al. Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis. JAPhA. July 2022. [https://www.japha.org/article/S1544-3191\(22\)00233-3/fulltext](https://www.japha.org/article/S1544-3191(22)00233-3/fulltext)

² Polling data Conducted by Morning Consult (Commissioned by NACDS). October 2023. <https://www.nacds.org/pdfs/Opinion-Research/NACDS-OpinionResearch-National.pdf>

³ Popovian R, Winegarden W, et al. Accessibility of adult immunizations in pharmacies compared to physician offices in low-income communities. JAPhA. Mar 2022. [https://www.japha.org/article/S1544-3191\(22\)00094-2/fulltext](https://www.japha.org/article/S1544-3191(22)00094-2/fulltext)

⁴ Shrank WH, Rogstad TL, Parekh N. Waste in the US Health Care System: Estimated Costs and Potential for Savings. JAMA. Published online October 07, 2019;322(15):1501–1509. doi:10.1001/jama.2019.13978

⁵ Grabenstein JD. Essential services: Quantifying the contributions of America's pharmacists in COVID-19 clinical interventions. JAPhA. Nov-Dec 2022. <https://pubmed.ncbi.nlm.nih.gov/36202712/>

Importantly, the Rural Health Transformation Program emphasizes several clinical areas where pharmacists' expertise and impact has been well documented – including chronic disease prevention and management, opioid and substance use disorder support, and mental health efforts. Payment for pharmacist services across these areas provides meaningful, scalable opportunity to maximize the Rural Health fund in your state.

- **Chronic Disease Prevention & Management:** Evidence shows that pharmacists can provide a range of activities to support chronic disease management including medication optimization, adherence interventions, and disease specific counseling. For example, one study evaluated clinical outcomes in patients with diabetes, with and without management by a pharmacist, and found that 40% of patients in the pharmacist intervention group had greater improvements in A1c, blood pressure, and statin goal attainment, compared to only 12 percent of patients in the usual care group.⁶ Another study found that a 50% uptake of a pharmacist-prescribing intervention to improve blood pressure control was associated with \$1.137 trillion in cost savings over 30 years.⁷ The value and impact of pharmacy-provided chronic care services is further underscored as approximately 80% of Americans support pharmacists helping patients prevent chronic diseases.⁸

Additionally, [Nourish My Health](#), a public education campaign - led by the National Association of Chain Drug Stores together with 8 leading healthcare organizations⁹ - highlights the connection between nutrition and better health. The campaign encourages people to get a baseline health screening, eat healthy food, and access resources and educational information through the campaign's website. This initiative includes participation from 20 pharmacy retailers representing 25,000 locations across all fifty states. The campaign has garnered more than 400 million impressions, 27,000 responses to a nutrition security survey, and 120,000 baseline health screenings.

- **Substance Use Disorders:** Given the current shortage of mental health and substance abuse treatment providers, leveraging pharmacies and pharmacists to help bridge access gaps can help meet patients' needs. One study found that community pharmacies were more prevalent than substance use disorder treatment centers – especially in rural counties – making them an important partner in enhancing access to prevention efforts in underserved areas.¹⁰ In one pharmacist-physician collaborative care model, pharmacists conducted intake assessments and follow-up appointments with patients taking medication for opioid use disorder to further expand access to treatment. This program demonstrated promising retention rates with an estimated cost savings of \$22,000.¹¹
- **Mental Health:** Research indicates pharmacists can also help improve screening for mental health conditions and help provide linkage to care. For example, in one study pharmacists screened 3,726 patients for depression. Approximately 25% of the patients who completed the screening met the criteria for possible depression and were referred to their physician, and approximately 60% of those

⁶ Prudencio J, Cutler T, Roberts S, Marin S, Wilson M. (2018). "The Effect of Clinical Pharmacist-Led Comprehensive Medication Management on Chronic Disease State Goal Attainment in a Patient-Centered Medical Home." *JMCP*. 24(5):423-429.

⁷ Dixon DL, Johnston K, Patterson J, Marra CA, Tsuyuki RT. Cost-Effectiveness of Pharmacist Prescribing for Managing Hypertension in the United States. *JAMA Netw Open*. 2023;6(11).

⁸ Polling data Conducted by Morning Consult (Commissioned by NACDS). October 2023. <https://www.nacds.org/pdfs/Opinion-Research/NACDS-OpinionResearch-National.pdf>

⁹ In partnership with the Alzheimer's Association, American Cancer Society, the American Diabetes Association®, the Food is Medicine Institute at the Friedman School of Nutrition Science and Policy at Tufts University, AARP, the Alliance to End Hunger, and March of Dimes.

¹⁰ Look, K., Kile, M., Morgan, K. et al. (2018). Community Pharmacies as Access Points for Addiction Treatment. *Research in Social and Administrative Pharmacy*, S1551-7411(18)30217-1. <https://www.ncbi.nlm.nih.gov/pubmed/29909934>

¹¹ Mospan C, Boss A. Smoking-Cessation Services in Community Pharmacies. *U.S. Pharm*. 2017;42(7):27-37. Shen X, Bachyrycz A, Anderson J, et al. Quitting patterns and predictors of success among participants in a tobacco cessation program provided by pharmacists in New Mexico. *JMCP*. 2014;20(6):579-87. Doi:10.18553.

patients had initiated or modified treatment at the time of follow-up,¹² indicating that pharmacists are effective in helping to quickly identify undiagnosed patients with symptoms of depression and support access.

Revitalize & Extend the Healthcare Workforce by Expanding Authorities for Pharmacy Teams

Aside from misaligned payment models, pharmacists and pharmacy technicians are also underutilized as a result of outdated scope of practice restrictions that limit their ability to provide routine healthcare services, improve health outcomes, and save the healthcare system money. Pharmacists receive six years of advanced education and are clinically trained in a wide variety of disease states, in addition to optimizing medication use to yield better health outcomes. Current pharmacy school standards include anatomy and physiology, medical microbiology, pathology, medicinal chemistry, medication prescribing and administration, patient assessments, patient safety, and clinical experiential learning through real-world experience taking care of patients. Pharmacists must pass a national licensing exam in order to enter practice, yet are bound by a patchwork of restrictive laws and regulations across states. In fact, on the basis of both word count and total restrictions, pharmacy is the most regulated compared to nursing and medicine.¹³ These archaic restrictions stifle innovation, limit access to healthcare services, and undermine efforts to improve health, especially in rural and underserved areas.

Leveraging pharmacists and pharmacy technicians to the top of their skills and expertise is key to unlocking accessible and convenient healthcare options across your state. Enacting a “standard of care” approach to pharmacy practice recognizes and empowers pharmacists to use their professional judgment and robust clinical training to provide effective healthcare for their communities and the public. This model is permissive in nature, evolving with new evidence, education, and technology and requires fewer legislative and regulatory updates given the less prescriptive law.¹⁴

Further, leveraging advances in technology and innovation can further extend the reach and impact of pharmacy-delivered care. For example, empowering pharmacies to deploy centralized filling facilities that utilize automation to streamline prescription preparation and allowing pharmacy personnel to participate in remote prescription processing, without burdensome restrictions, enables pharmacies to shift work that can be safely completed offsite when needed. Supporting modernized pharmacy technology and efficiency models frees up onsite pharmacy staff to focus on patient-facing activities, including routine healthcare services, like chronic disease prevention and management.

Additionally, expanded duties of pharmacy technicians, including roles such as immunization and testing support, have proven safe and effective in bolstering pharmacies’ capacity to meet public demand for healthcare services. Having the flexibility to assign technical and nondiscretionary work to a supporting team of pharmacy technicians enables pharmacists to redirect their time toward the activities that require pharmacists’ clinical expertise and advanced-level training. These models better balance responsibilities across the pharmacy team, in addition to improved pharmacy team satisfaction, more time for pharmacists to provide clinical care, and enhanced perceived value to patients.¹⁵

¹² Rosser S, Frede S, Conrad WF, Heaton PC. Development, implementation, and evaluation of a pharmacist-conducted screening program for depression. *J Am Pharm Assoc.* 2013 Jan-Feb;53(1):22-9. doi: 10.1331/JAPhA.2013.11176. <https://www.ncbi.nlm.nih.gov/pubmed/23636152>

¹³ Adams AJ. Transitioning pharmacy to “standard of care” regulation: Analyzing how pharmacy regulates relative to medicine and nursing. *Research in Social and Administrative Pharmacy.* Oct 2019. <https://www.sciencedirect.com/science/article/abs/pii/S155174111830562X>

¹⁴ Adams AJ, Chopski N. Rethinking pharmacy regulation: Core elements of Idaho’s transition to a “Standard of Care” approach. *Journal of the American Pharmacists Association,* Nov-Dec 2020

¹⁵ Hohmeier, Kenneth C. et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. *Journal of the American Pharmacists Association,* Volume 59, Issue 3, 310 – 318.

In summary, the Rural Healthcare Transformation Program offers states a prime opportunity to fully leverage creative and innovative solutions to reimagine healthcare access for your citizens and communities. Pharmacies across your state can help you to answer that call with the right support – including payment for pharmacist-provided healthcare services and expanded authorities for pharmacists and pharmacy technicians. We welcome the opportunity to work together to support your state’s rural healthcare transformation strategy. For questions or further discussion, please contact NACDS’ Sandra Guckian at SGuckian@nacds.org or 703-837-4195.

Sincerely,



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National Association of Chain Drug Stores



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CC:

Drew Perkins, Chief of Staff, Office of the Governor
Lee Grossman, State Medicaid Agent, Department of Health

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NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS’ member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.

Founded in 1898, the National Community Pharmacists Association is **the voice for the community pharmacist**, representing over **18,900 pharmacies** that **employ more than 205,000 individuals** nationwide. Community pharmacies are **rooted in the communities where they are located** and are among **America’s most accessible health care providers**. To learn more, visit www.ncpa.org.

APhA is the only organization advancing the entire pharmacy profession. APhA represents pharmacists, student pharmacists, and pharmacy technicians in all practice settings, including but not limited to community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics,

managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

About Independent Pharmacy Cooperative (IPC): IPC is a member-owned GPO dedicated to supporting independent pharmacies across the United States. For over 40 years IPC has focused on advocacy, purchasing power, and operational excellence, empowering pharmacies to thrive in an ever-evolving healthcare landscape.

The American Association of Colleges of Pharmacy (AACP), founded in 1900, is the national organization representing pharmacy education in the United States. AACP represents the 142 schools of pharmacy accredited by the Accreditation Council for Pharmacy Education with more than 6,400 faculty, 62,500 students enrolled in professional programs and 5,100 individuals pursuing graduate study.