



November 10, 2025

The Honorable Chuck Grassley  
United State Senate  
135 Hart Senate Office Building  
Washington, DC 20510

The Honorable Ben Ray Luján  
United States Senate  
498 Russell Senate Office Building  
Washington, DC 20510

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

Dear Senators Grassley and Luján:

On behalf of the American Association of Psychiatric Pharmacists (AAPP), we appreciate the opportunity to provide feedback on the Request-for-Information on Pharmacists Providing Chronic Care. We applaud your commitment to expanding access to care for Medicare enrollees in rural and underserved communities through your sponsorship of the *Pharmacy and Medically Underserved Areas Enhancement Act*. AAPP has long supported this important legislation.

**About AAPP**

AAPP is a professional association of nearly 3,000 members who envision a world where all individuals living with mental illness, including those with substance use disorders (SUDs), receive safe, appropriate, and effective treatment. Pharmacist members specialize in psychiatry, SUD, and psychopharmacology and most are residency trained and Board certified in psychiatric pharmacy holding the BCPP credential (Board Certified Psychiatric Pharmacist). With a significant shortage of mental health care professionals, psychiatric pharmacists offer another resource to improve outcomes for patients living with psychiatric disorders and SUDs.

**About Psychiatric Pharmacists**

Pharmacists graduate with a Doctor of Pharmacy degree, requiring six to eight years of higher education to complete, and have more training specific to medication use than any other health care professional. Psychiatric pharmacists, a specialty within clinical pharmacy have specialized training in providing direct patient care and medication management for the complete range of psychiatric disorders and SUDs. Psychiatric pharmacists are not only integral to interprofessional treatment teams but also for decision-making and leadership roles in health care organizations, state and federal organizations, academia, and industry.

Psychiatric pharmacists are important members of the health care team working in collaboration with the patient and other health care providers including, but not limited to, psychiatrists, other physicians, therapists, social workers, and nurses (including advanced practice nurses). Psychiatric pharmacist can engage in a Collaborative Practice Arrangement under the supervision of a physician to provide direct patient care and prescribe medications, order labs and other tests, and provide other care needed for the treatment of mental illnesses and SUDs.

Psychiatric pharmacists provide expert, evidence-based Comprehensive Medication Management (CMM) services for the most complex patients with mental health disorders and SUDs. Because

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psychiatric pharmacists are trained on all medications and illnesses, they consider the *whole* patient and *all* their meds and illnesses. Psychiatric pharmacists increase the capacity of the health care team to provide care and psychopharmacology expertise, as well as improve patient outcomes and reduce overall health care costs. As medication experts, psychiatric pharmacists are uniquely positioned to facilitate medication access and adherence by identifying and helping to address potential treatment barriers, including prior authorizations and high out-of-pocket patient costs.

Psychiatric pharmacists have a deep understanding of Medications for Opioid Use Disorder (MOUD) that extends beyond that of most other health care providers. When included in the provision of MOUD services through a collaborative practice arrangement, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment for opioid use disorders; reduce per patient dosage of buprenorphine through improved medication management, monitoring and titration; and reduce overall costs. Furthermore, given the insufficient number of providers in addiction medicine, psychiatric pharmacists increase access to SUD treatment by providing medication management, education, monitoring, and follow-up care.

As is the case with retail pharmacists, clinical pharmacists are also not considered Qualified Health Providers under Medicare and therefore when billing incident to a physician can only bill at the lowest Evaluation and Management code that is a woefully insufficient reimbursement for the time-intensive services provided. This lack of reimbursement severely limits the ability of hospitals, clinics, and physician practices to hire clinical pharmacists to join their care teams, despite a strong desire to do so considering the impact that clinical pharmacists have demonstrated on improving patient outcomes and decreasing medication-related problems.

### **Response to RFI Questions**

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

As of August 2024, over one third of the US population live in a Mental Healthcare Provider Shortage Area; 69% of rural counties were without a psychiatric mental health nurse practitioner in 2021. [Significant shortages](#) in all qualified behavioral health providers are projected by 2037. Pharmacists can play an important role in advancing prevention and management strategies for chronic disease, including addressing over-reliance on medications, supporting beneficial lifestyle changes, and improving access to team-based care. One proven, scalable intervention that directly supports this goal is comprehensive medication management (CMM) delivered by clinical pharmacists, including psychiatric pharmacists, as part of integrated care teams.

CMM is designed to ensure that every medication a patient is taking is appropriate for their clinical condition, effective for the intended purpose, safe given comorbidities and other medications, and used as intended. When implemented in primary care and specialty settings, pharmacist-provided CMM can:

- Address over-reliance on unnecessary medications
- Improve medication adherence
- Enhance medication safety in older adults
- Target high-risk medication use
- Reduce hospital readmission
- Strengthen transitions of care

- Monitor and manage metabolic conditions

Seniors take a large number of medications, leading to frequent drug interactions and adverse effects. CMM services provided by psychiatric pharmacists benefit patients:

- Needing complex care coordination between multiple providers
- With multiple chronic conditions
- On complex medication regimens
- Who are not meeting treatment goals
- Who have serious medication adverse effects
- Transitioning between health care settings
- Taking clozapine or long-acting injectable antipsychotic medications
- Who would benefit from genetic testing to optimize their medication regimen
- With tobacco, alcohol, opioid, or other substance use disorders (SUD) who may benefit from medication treatment
- Receiving antipsychotic medications as children

Unfortunately, current Medicare payment structures do not allow practices to bill directly for pharmacist provided CMM under the physician fee schedule annual payment regulation. Enabling such billing, whether through existing care management codes, new service codes, or inclusion in team-based primary care payment models, would empower practices to fully integrate pharmacists into chronic disease prevention and management workflows.

AAPP has urged the Center for Medicare and Medicaid Services to consider creating explicit coding and payment pathways for pharmacist-provided CMM through the physician fee schedule. This change would expand access to a high-value service with a strong evidence base for improving clinical outcomes, lowering costs, and addressing and increasing access to chronic disease services.

## ***2. How could pharmacist provider status for chronic care services improve access to care for seniors?***

Psychiatric pharmacists [enhance integration](#) of primary and behavioral health care. In a primary care setting, psychiatric pharmacists are uniquely positioned to provide patient centered, integrated, holistic care to patients with co-occurring psychiatric and medical conditions. Their specialized skills and medication knowledge can support Primary Care Physicians in managing patients with mental health conditions in the primary care setting, reducing referrals to psychiatry, where there is a critical shortage of providers. The rate of hospital admissions due to medication-related problems is continuing to rise, driven by an aging population, an increase in multiple chronic diseases, and polypharmacy (the use of multiple medications). Through CMM, psychiatric pharmacists can address polypharmacy, reduce adverse medication events and drug interactions which can reduce costs and lives lost due to non-optimized medications.

In a behavioral health setting, psychiatrists may have a lack of knowledge or comfort in managing other medical conditions. Psychiatric pharmacists increase access to specialized care by supporting medication management for all a patient's medications (both mental and physical health) including optimizing medication regimens, enhancing care through counseling and education, and assisting with medication adherence and monitoring. This enables psychiatrists to place more focus on diagnostic assessments for new or complex patients.

Psychiatric pharmacists have long utilized telehealth which remains essential for patients with mental health and substance use conditions who face persistent barriers to in-person care. Psychiatric pharmacists work with physicians and patients to be the medication experts that can increase access to care for seniors in areas with a severely limited number of health providers.

***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?***

Pharmacists play an important role in the treatment of chronic conditions through CMM. This is particularly important in collaborating with primary care providers in FQHCs. Many pharmacists pursue their residencies in outpatient community settings including FQHCs, becoming experts in managing chronic conditions.

FQHCs are some of the main sites for healthcare for Medicare and other underserved patients. Having psychiatric pharmacists in these settings allows for patients with some of the greatest needs to receive the most comprehensive, team-based care possible. As medication experts, psychiatric pharmacists working in RHCs and FQHCs are able to increase access to behavioral health services in rural and underserved areas. Psychiatric pharmacists currently working clinically within FQHCs often have collaborative practice agreements with psychiatrists, allowing for true interdisciplinary collaboration and expanded access to mental health care for more patients within underserved communities. Unfortunately, as mentioned above without a dedicated funding stream, RHCs and FQHCs struggle to employ pharmacists due to lack of sufficient reimbursement.

***4. How does regulatory red tape reduce the care that pharmacists can perform?***

The overarching limitation preventing pharmacists from consistently increasing patient access to care is their inability to directly bill Medicare, undermining the financial viability of pharmacist-delivered services in all outpatient settings. In addition, regulatory hurdles and ambiguity hinder healthcare teams from leveraging pharmacists to the fullest extent of their education and expertise. In particular, the lack of regulatory clarity on pharmacy residency program funding and the ability for physicians to fully bill for pharmacists' services incident-to their own collectively pose significant regulatory impediments to fully utilizing pharmacists in treating America's seniors.

We remain concerned that Medicare's continued reliance on "incident to" billing models for pharmacist services fails to adequately recognize the expertise and role of psychiatric pharmacists. Psychiatric pharmacists are not ancillary staff performing tasks delegated by physicians; but rather act as direct patient care providers on interdisciplinary care teams. Like other specialists such as psychologists, dietitians, or physical therapists, psychiatric pharmacists often manage patients' complex conditions.

The current "incident to" billing structure provides reimbursement for pharmacist services only at the lowest-level evaluation and management (E/M) code, which does not reflect the time, intensity, or complexity of services provided by the psychiatric pharmacist. This underpayment makes it difficult to demonstrate the value of psychiatric pharmacists and therefore harder for clinics to hire psychiatric pharmacists and limits access to care.

As such, we have long urged CMS to clarify that physicians and healthcare facilities have the authority to bill for all levels of E/M services provided by a psychiatric pharmacist practicing within their scope of

practice while under supervision of such a physician. This would support scalability of psychiatric pharmacist services which will increase access to specialized care for our most vulnerable and complex patients.

**5. *Are there other considerations that policymakers should account for in establishing pharmacist provider status?***

In recent years, Congress has passed legislation in recognition of the critical role behavioral health professionals and support personnel play in improving access to care and addressing barriers to treatment. Congress has passed legislation to allow clinical social workers (CSWs), marriage and family therapists (MFTs), and mental health counselors (MHCs) to bill Medicare directly in furnishing select behavioral health services. This is an important step in expanding the behavioral health workforce available to meet the needs of Medicare beneficiaries.

AAPP continues to call on CMS and Congress to recognize psychiatric pharmacists as qualified health care professionals so they may bill independently for the care they are uniquely positioned and trained to provide. The Veterans Health Administration, the Bureau of Prisons, the Indian Health Service and tribal health authorities utilize and pay for psychiatric pharmacists as part of the care team to treat patients with mental health and substance use disorders. Medicare is long overdue in expanding the list of mental health and SUD providers to include psychiatric pharmacists, which will expand access to care for our most vulnerable and complex patients. Furthermore, recognition of psychiatric pharmacists as billing providers will enable growth and sustainability of ambulatory clinic-based psychiatric pharmacist services. The passage of *Pharmacy and Medically Underserved Areas Enhancement Act* would be another important advancement for expanding access to care.

Thank you again for the opportunity to comment on the RFI. If you have any questions, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at [lahanen@venable.com](mailto:lahanen@venable.com). We look forward to working with you.

Sincerely,



Brenda K. Schimenti  
Executive Director