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BEFORE THE U.S. HOUSE ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH

"EXAMINING LEGISLATIVE PROPOSALS TO REFORM MEDICARE PROVIDER PAYMENT AND BOLSTER HEALTH CARE CYBERSECURITY"

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Chairman Griffith, Ranking Member DeGette, Vice Chair Harshbarger, and Members of the Subcommittee, thank you for the opportunity to testify today.

I would especially like to thank Vice Chair Harshbarger, a fellow Tennessean and pharmacist, for her continued efforts to improve access to timely, affordable health care, particularly for seniors, rural patients, and medically underserved communities.

My name is Anthony Pudlo, and I serve as Chief Executive Officer of the Tennessee Pharmacists Association. I am honored to appear before you today to discuss H.R. 3164, the Ensuring Community Access to Pharmacist Services Act, or ECAPS, and the important role pharmacists play in improving access to care for seniors, rural patients, and medically underserved communities. I note with appreciation the strong, bipartisan support for the bill among Members of the Energy & Commerce Committee, with 38 co-sponsors among its Members, including 20 Republicans and 18 Democrats.

Throughout my career, I have had the privilege of viewing health care from several perspectives: as a practicing pharmacist providing direct patient care, as a leader working to develop innovative pharmacy practice models, and as an advocate working alongside policymakers and health care stakeholders to improve patient access to care. My foundation is in patient care.

During my time as a practicing pharmacist in North Carolina, I worked extensively with patients managing chronic conditions through medication therapy management, diabetes self-management education and training, and other patient-centered services. Much of that work focused on seniors and employer-sponsored health programs inspired by the Asheville Project, one of the nation's earliest demonstrations of how pharmacists can help improve health outcomes while lowering overall health care costs.[1] Through that experience, I witnessed firsthand the value pharmacists bring when they are empowered and properly compensated to work directly with patients as members of the health care team.

Pharmacists are among the most accessible health care professionals in America. In many communities, the pharmacy is more than a place to pick up medications. It is the front door to the health care system. When a senior has questions about a new diagnosis, develops symptoms over a weekend, needs a vaccination, or struggles to manage multiple chronic conditions, the local pharmacist is often the first health care professional they can reach. In rural and underserved communities especially, pharmacists often serve as a trusted health care resource when other providers are unavailable or located miles away.

Every day, pharmacists care for seniors managing diabetes, heart disease, chronic lung disease, hypertension, kidney disease, and other chronic conditions. These are not just patients on a spreadsheet. They are grandparents trying to remain independent, spouses caring for loved ones,

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[1] Cranor CW, Bunting BA, Christensen DB. *The Asheville Project: Long-Term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program.* Journal of the American Pharmacists Association. 2003;43(2):173-184. doi:10.1331/108658003321480713. Available at: https://pubmed.ncbi.nlm.nih.gov/12688435/.

and retirees who want to spend more time with family and less time navigating the health care system.

The reality is that America's seniors are managing increasingly complex health needs. According to the Centers for Disease Control and Prevention, approximately 93 percent of adults age 65 and older live with at least one chronic condition, and nearly 79 percent live with two or more chronic conditions.[2] These patients often take multiple medications, see several providers, and face significant challenges navigating an increasingly fragmented health care system.

At the same time, these patients are among the most vulnerable to respiratory illnesses. The Centers for Disease Control and Prevention reports that most deaths from respiratory viruses occur among adults over age 65, with risk increasing sharply with age. Between 70 and 85 percent of seasonal flu-related deaths and between 50 and 70 percent of seasonal flu-related hospitalizations occur among Americans age 65 and older.[3] Seniors living with chronic conditions such as heart disease, diabetes, chronic kidney disease, and chronic lung disease face even greater risks of severe illness and complications when respiratory infections are not addressed quickly.

Unfortunately, timely access to care remains a challenge for too many patients. Nationwide, approximately 20 percent of Americans live in federally designated primary care Health Professional Shortage Areas. Tennessee faces significant provider workforce challenges of its own.[4] Today, Tennessee has 151 federally designated primary care shortage areas and 385 active Health Professional Shortage Area designations. Federal estimates indicate Tennessee would need hundreds of additional clinicians to fully address these shortages. Tennessee has also lost 620 community-based pharmacies since 2017, and we need to keep our existing pharmacy doors open.[5]

These challenges are particularly acute in rural Tennessee. The Tennessee Department of Health has identified provider shortages, workforce challenges, limited health care infrastructure, and long travel distances as persistent barriers to care for rural residents. Urban seniors can face different but equally consequential barriers, including difficulty securing a timely appointment or reaching an available provider, particularly after normal office hours. For many seniors, obtaining a timely appointment can be difficult, especially when illness develops after hours, on weekends, or during periods of heightened respiratory virus activity.

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[2] Watson KB, Wiltz JL, Nhim K, et al. *Trends in Multiple Chronic Conditions Among U.S. Adults, By Life Stage, Behavioral Risk Factor Surveillance System, 2013-2023.* Preventing Chronic Disease. CDC; 2025. Available at: https://www.cdc.gov/pcd/issues/2025/24_0539.htm.

[3] Centers for Disease Control and Prevention. *Flu and People 65 Years and Older.* Updated Sept. 4, 2026.

[4] Health Resources and Services Administration (HRSA). *Health Workforce Shortage Areas Dashboard*. Approximately 20 percent of the U.S. population resides in primary care HPSAs. Available at: https://data.hrsa.gov/topics/health-workforce/shortage-areas/dashboard.

[5] University of Southern California Schaeffer Center. Community pharmacy closure data, Tennessee, 2017-2025. Available at: https://pharmacydeserts.com/

At the Tennessee Pharmacists Association, I work every day with pharmacists, physicians, nurses, health systems, lawmakers, and regulators to identify practical solutions that improve access to care while maintaining strong collaborative relationships across the health care continuum. In 2024, Tennessee enacted legislation expanding opportunities for pharmacists to provide direct patient care services. Those discussions were grounded in collaboration, not competition, and focused on ensuring communities have access to care that meets their unique needs. The experience demonstrated that pharmacists can help strengthen the health care system while working as integrated members of broader care teams.

In Tennessee, state law authorizes pharmacists to order testing and provide treatment for patients with common respiratory illnesses. Tennessee Medicaid and commercial health plans already cover these services. Medicare beneficiaries, however, are often the only patients who cannot access coverage for those same pharmacist-provided services.[6] That exclusion affects vulnerable seniors across the state, whether they live in a rural community, an urban neighborhood, or somewhere in between. When a pharmacy is an accessible health care access point for most other patients in a community, Medicare beneficiaries should not be the ones left without coverage for those same services.

Behind these statistics are real people.

They are the rural Medicare senior who wakes up on a Saturday morning with respiratory symptoms and cannot reach their physician's office that is miles away. They are the senior living with diabetes and heart disease who worries that a simple respiratory infection could quickly become something more serious. They are the senior in an urban neighborhood who may live near medical facilities but still cannot obtain a timely appointment or easily travel across the city for care, even though a trusted community pharmacist is nearby and available. They are patients who know something is wrong but are left with a difficult choice: wait and hope they improve, or seek care in an emergency department that may be difficult to reach, an hour or more away, and significantly more expensive.

Too often, that is exactly what happens.

Those realities are not abstract to me. Throughout my career as a practicing pharmacist, I cared for patients managing diabetes, hypertension, cardiovascular disease, respiratory illnesses, depression, and multiple chronic conditions. I spent countless hours helping patients understand complex medication regimens, navigate barriers to treatment, and manage conditions that, if left unaddressed, often lead to expensive hospitalizations and poorer health outcomes. In many cases, pharmacists were the most accessible health care professionals available to those patients.

My experiences have consistently reinforced a simple reality: the issue before us is not whether pharmacists are capable of doing more. The issue is whether unnecessary barriers will continue to prevent communities from utilizing an available, highly trained health care resource when and where patients need it most.

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[6] Tenn. Code Ann. § 63-10 and implementing regulations governing pharmacist-provided testing and treatment services; Tennessee Medicaid coverage policies and participating commercial payer policies.

ECAPS helps close this gap by covering pharmacist-provided patient care services under Medicare Part B for common respiratory conditions aligned with state scope of practice as members of patient care teams and allowing Medicare beneficiaries to access these services closer to home. Pharmacists are available in communities where patients live, often without appointments and frequently in the evenings and on weekends. By helping seniors access care earlier in the course of an illness, pharmacists can serve as an important extension of the broader health care team and help address gaps created by provider shortages.

ECAPS strengthens team-based care and ensures Medicare beneficiaries can receive timely care from the most accessible qualified provider when appropriate. Pharmacists routinely collaborate with physicians, nurse practitioners, physician assistants, nurses, and other providers to support patient care, improve medication use, identify barriers to treatment, and prevent avoidable complications.

My support for team-based care is rooted in practical experience. While serving with the Iowa Pharmacy Association, I oversaw numerous practice advancement initiatives and leadership development programs and worked with a rural-based pioneer accountable care organization (ACO) to improve transitions of care following hospital discharge. Working collaboratively with local rural pharmacies and health systems, we sought to reduce hospital readmissions by helping patients better understand and manage their medications. Those efforts demonstrated the value pharmacists can bring to care coordination, particularly in rural communities, while also highlighting a persistent challenge: sustainable reimbursement mechanisms often lag behind proven patient care models. ECAPS helps address that challenge by appropriately recognizing pharmacist-provided patient care services within Medicare.

Earlier intervention is also good policy for taxpayers.

When seniors receive timely care before a respiratory illness worsens, they are less likely to require expensive emergency department visits, hospital admissions, or treatment for preventable complications. Helping patients access care earlier and closer to home not only improves outcomes but also reduces unnecessary strain on the Medicare program.

Research demonstrates the value pharmacists bring when fully integrated into patient care. In one rural health system, pharmacist interventions generated nearly $177,000 in health care cost avoidance over just four months. Other members of the health care team accepted or acknowledged more than 94 percent of pharmacist recommendations, demonstrating pharmacists' ability to improve outcomes while working collaboratively with other health care professionals.[7]

We have also seen the impact pharmacists can have in federal programs. Through the Department of Veterans Affairs Clinical Pharmacist Practitioner Rural Veteran Access initiative,

[7] Lopez-Medina, A., Towne, T., Franke, L., Zahorian, T., Lane, L., Skrtic, A., Fitzpatrick, C., Giavatto, C., Wash, A., & Mourani, J. (2024, September). Exploring the impact of alternative funding programs on medication access and clinical outcomes [Poster presentation]. NASP 2024 Annual Meeting & Expo. https://naspnet.org/wp-content/uploads/2024/09/45-OPR45-OR-Poster-AM24.pdf.

pharmacists provided comprehensive medication management services to more than 230,000 veterans, 58 percent of whom lived in rural communities.[8] The program demonstrated how pharmacist-led interventions can improve access to care and help patients better manage chronic conditions.

Most importantly, patients trust pharmacists. We are members of the communities in which we practice. We know our patients, we know their families, and we are often the health care professionals they turn to first when questions arise. National surveys consistently rank pharmacists among the most trusted professions in America, reflecting the relationships pharmacists build with patients through years, and often decades, of care.[9]

For many seniors, their pharmacist is not just a health care professional. It is someone who knows their medication history, recognizes when something has changed, and takes the time to answer questions and address concerns. That trust has been earned through decades of service and an unwavering commitment to helping patients achieve better health outcomes.

Throughout my career, I have witnessed the evolution of pharmacy practice from a profession focused primarily on dispensing medications to one that plays an increasingly important role in direct patient care. Whether as a practicing pharmacist caring for patients with chronic disease, working with innovative care models in North Carolina, helping advance rural care initiatives in Iowa, or now leading the Tennessee Pharmacists Association, I have seen firsthand how pharmacists improve access, strengthen care coordination, and help patients achieve better outcomes.

For many seniors, especially those living with multiple chronic conditions, the local pharmacist is not simply where they pick up prescriptions. The pharmacist is often the health care professional they see most frequently, the medication expert they trust most, and a critical member of their care team. Pharmacists also play a vital role in helping patients navigate the increasingly complex health care system with timely guidance and directing patients to the most appropriate level of care when additional medical attention is needed.

ECAPS recognizes that reality. Simply put, ECAPS aligns Medicare policy with the care pharmacists already provide every day in communities across America. Shouldn't seniors in Medicare in Tennessee have the same access to services as Medicaid beneficiaries do in the state?

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[8] Martinez-Vigil C. *Pharmacist Practitioners Are Perfectly Positioned to Improve Rural Access to Care.* American Society of Health-System Pharmacists (ASHP). Dec. 4, 2023. Reporting outcomes from the Clinical Pharmacist Practitioner Rural Veteran Access (CRVA) Initiative. Available at: https://news.ashp.org/news/meetingnews/2023/12/04/rural-access-to-care

[9] Megan Brenan. *Nurses Continue to Lead in Honesty and Ethics Ratings.* Gallup, January 12, 2026. In Gallup's annual survey of Americans' ratings of honesty and ethical standards, pharmacists ranked among the most trusted professions, with 53% of Americans rating pharmacists' honesty and ethics as "very high" or "high." Available at: https://news.gallup.com/poll/700736/nurses-continue-lead-honesty-ethics-ratings.aspx.

By advancing ECAPS, Congress can help ensure Medicare beneficiaries retain access to timely, high-quality care from the pharmacists they know and trust. The legislation will strengthen patient care teams, improve access for seniors across rural communities, urban neighborhoods, and underserved areas nationwide, help address provider shortages, reduce avoidable emergency department visits and hospitalizations, and better utilize one of the nation's most accessible health care resources.

Most importantly, it will help keep seniors healthier, safer, and independent in the communities they call home, whether those communities are rural, urban, or anywhere in between.

America's pharmacists stand ready to be part of the solution. Every day, we see the challenges patients face in accessing affordable, timely care, and we also see the opportunities to improve outcomes while reducing unnecessary costs to the Medicare program and taxpayers.

I respectfully urge the Committee to swiftly advance the Ensuring Community Access to Pharmacist Services Act and help ensure Medicare beneficiaries can receive timely, high-quality care from pharmacists authorized by their states and trained and prepared to provide.

The experiences I have shared today, from direct patient care to rural care coordination to statewide practice advancement efforts, have reinforced my belief that pharmacists represent an underutilized and untapped resource in addressing health care access challenges. We stand ready to serve as partners in improving health care access, strengthening the health care workforce, enhancing care quality, and lowering costs for patients and taxpayers alike.

Thank you for the opportunity to testify today and for your leadership on behalf of America's patients. I look forward to answering your questions.