

POLICY FORUM: ISSUE BRIEF

Essential, Local, and Ready to Serve: Pharmacists as Gateways to Health Access in North Carolina

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In the heart of rural North Carolina, the Weston family has long depended on their local pharmacy, not just for prescriptions, but for care, guidance, and trust built in their community over generations. When nine-year-old Cassie Weston's asthma flares up, her mother remembers how easy it once was to stop by the local pharmacy, where the pharmacist knew Cassie's history and could offer immediate help. That pharmacy, in their longstanding service to the community, often acted as the only accessible health care provider in a county with no urgent care and limited access to doctors. But it closed last year, one of hundreds to shutter across North Carolina in the last several years, most in medically underserved areas.

The loss has been devastating. Now the nearest facility for medical care is nearly an hour away, and the wait to see a primary care provider stretches for weeks. It is not just urgent care that is missing either. Cassie's grandfather, Henry, who is managing high blood pressure and early dementia, once depended upon the pharmacist to help him stay on track with medications. Now he is missing doses, mixing up medications, and has been transported by ambulance to the emergency room twice in the last six months.

Though fictionalized, these stories reflect the reality for many across our state. North Carolina is facing a silent health care crisis: a chronic, deepening condition of rising costs, fragmented care, and overburdened primary care systems. It is estimated that medication misuse, underuse, and overuse cost the US health care system more than \$500 billion annually (~10%–15% of overall health care costs). One ready and capable solution to address this crisis is a highly trusted health professional: the pharmacist. The pharmacist is trained and able to optimize medication use to control these costs while improving the health of the community in which they serve.

This issue of the *North Carolina Medical Journal* reviews the evidence supporting pharmacists, not only as medication experts, but also as crucial links within our state's health care infrastructure. Their expanded training allows them to fill critical roles from hospitals to home care through collaborative practice in optimizing medication therapy, monitoring chronic

disease outcomes, and ensuring smooth transitions of care. These examples demonstrate both the capacity and readiness of the pharmacy profession to help solve some of our state's most pressing health care challenges.

From Hospitals to Homes

Pharmacists have played an important role in clinical patient care in hospitals for decades. As medication experts, they have been integrated into medical teams to optimize drugs, doses, and monitoring plans tailored to patient needs, and to help teach medical personnel. When reducing readmissions became a greater focus for hospitals, strategies like medication reconciliation, admission medication histories, and transitions of care grew in importance, and pharmacists embraced the responsibility of leading these initiatives. With the evolution of health systems, pharmacists also have become integrated into ambulatory care clinics, with the modern health system pharmacy team becoming a strategic asset. The same logic applies to community settings: when pharmacists are empowered, health care outcomes improve, and systems increase in capacity.

Community Pharmacies: Critical, Yet Closing

However, the article by Drew outlines the alarming rate of pharmacy closures across North Carolina. Between 2021 and mid-2025, 210 pharmacies across the state shut their doors—many in rural and underserved areas where other sources of health care are nonexistent. These closures expand health care deserts, increasing the travel burden on patients and reducing touchpoints with a health care provider. With more than 75% of pharmacies in North Carolina located in Medically Underserved Areas or Health Professional Shortage Areas, the impact is profound.

Based in communities, pharmacists serve as the most accessible health care professionals, often seeing patients more frequently than primary care providers. And yet, they operate in an economic environment that is punishingly unsustainable. Decreasing reimbursements, rising costs, and pharmacy benefit managers (PBMs) with disproportionate market power place many community pharmacies on the brink of collapse. Without intervention, our state could lose up to 35% of its pharmacies within the next year—a devastating blow to health care access.

Pharmacies Are Economic Engines and Public Health Bridges

The article by Bollinger details the difficult balancing act that pharmacy owners face. Pharmacy is a business, and like any business, it requires stable cash flow to survive. Unfortunately, current reimbursement models often put pharmacies in the red before the patient even receives care. This precarious financial structure jeopardizes patient access, particularly in rural and economically fragile communities.

Yet, as Brown argues, pharmacies also have unmatched potential to partner with public health systems. Pharmacies are embedded in almost every county in North Carolina and trusted by the very populations that public health needs to reach. Whether it is participating in emergency preparedness and disaster relief (as with Hurricane Helene), delivering pandemic vaccines, or counseling patients with chronic disease, pharmacies can and should be recognized as a critical bridge linking clinical medicine and public health.

There are significant opportunities to expand the use of pharmacists as the access point to health care and improve low health rankings across our state, since a significant portion of this is due to unutilized or unoptimized medication therapy.

340B and the Power of Policy

Ransom and Hathaway describe how the 340B Drug Pricing Program helps extend the reach of care in community health centers like the Mountain Area Health Education Center (MAHEC). Here, pharmacists work alongside physicians to ensure seamless medication access, optimize therapy for chronic conditions, and manage complex insurance and patient assistance programs. These pharmacists are not merely dispensers of medication—they are part of the care team, improving maternal health, diabetes control, and hypertension outcomes. Programs like 340B show what is possible when policy enables pharmacy to operate at its fullest potential. Yet these programs are frequently under threat. Preserving them, expanding their reach, and ensuring regulatory clarity is essential to safeguarding health care for vulnerable populations.

Pharmacy and Primary Care: A Natural Partnership

Easter and Zolotor make a strong case for embedding pharmacists into the primary care infrastructure. In a state where 93 out of 100 counties are designated as Health Professional Shortage Areas for primary care, leveraging the skills of Clinical Pharmacist Practitioners (CPPs) is not just logical, it is essential. The authors point to collaborative practice agreements (CPAs), the patient care process, and interprofessional practice (IPP) as tools that allow pharmacists to resolve medication therapy problems, monitor chronic conditions, and help bend the cost curve of care. Importantly, they note that pharmacists can serve as a cost-effective solution to physician shortages while enhancing care quality.

Despite this, pharmacists are not recognized as providers under federal law, even though they are trained to clinically manage and optimize medications; thus, they cannot bill for their clinical services. This glaring policy misalignment must be corrected to realize the full potential of pharmacy in health care delivery.

Meeting Older Adults Where They Are

The work of Gina Upchurch and colleagues through Senior PharmAssist (SPA) offers a visionary model for pharmacist-led care for older adults. With a four-pronged approach (medication therapy management, Medicare counseling, co-payment assistance, and tailored referrals), SPA has reduced emergency department visits, improved medication adherence, and strengthened community trust.

Importantly, SPA's model is now being replicated in Buncombe, Guilford, and Pitt counties. These pilot expansions are proving that pharmacists can lead complex care coordination efforts for vulnerable seniors, often doing what fragmented provider systems cannot: connecting the dots in real time, with compassion, continuity, and local wisdom.

Local, Trusted, and Ready

Pfeiffenberger and Trygstad close the loop by illustrating the value of community-based health care systems, where pharmacy and primary care operate in sync, close to the patient. Their data show that patients with chronic conditions visit pharmacies nearly three times more often than primary care physicians. The implication? Pharmacists are ideally positioned to detect, intervene, and support patients before problems escalate.

The authors argue that community-based health care providers like pharmacists offer unmatched relational and geographic proximity. These “small lakes” of care delivery are more nimble and patient-centered than large health systems and were indispensable during the COVID-19 pandemic. They will be equally essential in addressing chronic disease, maternal health disparities, and behavioral health challenges.

Conclusion: A Prescription for Progress

Across the perspectives in this issue, one conclusion is undeniable: pharmacists are essential to improving access to care in North Carolina and enhancing health outcomes for the citizens in our state. They are everywhere our people are. They are trained to manage medication therapy, they are trusted in their communities, and they are ready and able to do more.

But to unlock this potential, we must:

- Ensure fair reimbursement for pharmacy services, especially in rural and underserved areas.
- Allow pharmacists to be reimbursed for their clinical services, such as medication optimization and adherence coaching.
- Protect and expand programs like 340B that extend care to vulnerable populations.

- Invest in pharmacist-led models of care for chronic disease management, maternal health, and care for the growing number of older adults in our state.
- Strengthen partnerships between pharmacy and public health at the local and state levels.

Recent legislative developments offer a hopeful shift in the utilization and viability of pharmacists' provision of care in our communities. Senate Bill 479 (the SCRIPT Act) acknowledges the financial pressures on community pharmacies by improving transparency in PBM practices and protecting pharmacies in designated "pharmacy deserts" from unfair reimbursement structures. These changes reflect a growing understanding of the need to stabilize the pharmacy sector as a cornerstone of local health care access.

House Bill 67 (Healthcare Workforce Reforms) complements this by supporting the broader integration of health care professionals, including pharmacists, into the state's care delivery system. While its primary focus is on workforce expansion and regulatory alignment, the bill's provisions help create a more supportive environment for Clinical Pharmacist Practitioners and other advanced pharmacy roles.

Together, these bills, signed into law by Governor Stein in July 2025, represent a meaningful step toward recognizing and reinforcing the essential contributions of pharmacists. They do not solve every challenge, but they signal a legislative appreciation for pharmacy's role in improving access, continuity, and quality of care.

Today's pharmacists are more than dispensers of medication; their doctoral degree trains them to be clinicians, educators, and navigators. They are also neighbors who can provide access to health care for their communities and be central to linking patients to the additional care they need within the health care network. At this crossroads of access and innovation, North Carolina has an opportunity to lead the nation by leaning into the value that pharmacists can bring to improving the health of North Carolinians.

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