US community pharmacies played a vital role in the public health response to the COVID-19 pandemic. A federally funded testing program—initiated in April 2020 with 362 pharmacy sites—expanded within a year to provide millions of tests in more than 6000 pharmacies in all 50 states, the District of Columbia, and Puerto Rico. Then, from early 2021 to May 2023, community pharmacies provided more than 300 million doses of COVID-19 vaccines—representing more than 2 of every 5 doses administered in the US.

With this work, pharmacists delivered on a promise long recognized in the public health community, but seldom achieved in practice. In 2006, the American Public Health Association declared in a resolution that, “There are many functions of public health that can benefit from pharmacists’ unique expertise that may include pharmacotherapy, access to care, and prevention services.” Five years later, however, the Office of the Chief Pharmacist of the US Public Health Service found pharmacists to be “remarkably underutilized in the US health care delivery system given their level of education, training, and access to the community.”

The role of community pharmacists and pharmacies in the postpandemic world is uncertain. The special authority to provide COVID-19 testing and vaccination is scheduled to end in December 2024. As the clock ticks down, it is time to build for the future. There are more than 67,000 pharmacies in the US, with 88.9% of individuals living within 5 miles of at least 1 pharmacy. It is worth appreciating what this network could accomplish for the health, equity, and well-being of US individuals, as reflected in 4 clinical domains.

**HIV**

In 2020, just one-fourth of the 1.2 million US residents who could benefit from preexposure prophylaxis (PrEP) for HIV obtained a recommended prescription, with enormous inequities in access by race and ethnicity. A national effort to make PrEP broadly available in community pharmacies could accelerate efforts to end the HIV epidemic. In a Washington State pilot program, pharmacists assess patients and prescribe PrEP; since 2020, California has permitted pharmacists to provide up to a 60-day supply without a prescription. Moreover, 10 states allow pharmacists to provide postexposure prophylaxis for HIV under a standing order.

**Hypertension**

Only one-quarter of US individuals with hypertension have their blood pressure under control. Pharmacists can diagnose and treat hypertension, working from treatment guidelines and with support from specialists. Pharmacy-based models of care have been supported by randomized controlled trials, such as the Alberta Vascular Risk Reduction Community Pharmacy Project, which showed that pharmacists’ interventions could reduce systolic blood pressure and overall cardiovascular risk.
Overdose

More than 100,000 US individuals die from overdoses each year, yet many counties do not have a single buprenorphine prescriber or harm reduction service. Less than 1 in 5 people with opioid use disorder receive medication treatments that can reduce the risk of overdose by 50% or more. Evidence supports pharmacies providing naloxone, clean syringes, and buprenorphine treatment through a collaborative agreement with physicians. In other nations, community pharmacies also provide safe access to methadone.

Reproductive Health Care

With a maternal mortality crisis and major inequities in maternal and birth outcomes, national pharmacy organizations came together to create a maternal health tool kit for pharmacists. The tool kit supports include offering preventive services and folic acid supplementation, providing support during pregnancy, and providing postpartum services. A recent US Food and Drug Administration advisory committee vote in support of making oral hormonal contraception available over the counter is a sign of further opportunities ahead; 20 states now allow pharmacists to prescribe hormonal contraception, and past surveys have indicated that as many as two-thirds of women would use pharmacies to obtain contraception.

At a recent meeting we chaired at the University of Maryland School of Pharmacy, co-hosted with the Johns Hopkins Bloomberg School of Public Health, experts discussed 4 key ways to enable pharmacy contributions to health in the US.

First, states can provide pharmacists with access to health care data, both to better understand their patients and to share their work with medical colleagues.

Second, public and private payers can increase reimbursement for public health services at pharmacies. During the pandemic, pharmacy codes were used to cover patient education; this practice can be extended to other services. Recently proposed legislation in Congress, HR 1770, would permit Medicare reimbursement for pharmacist testing and treatment of certain infectious diseases including influenza, and other services necessary during a public health emergency.

Third, core training at pharmacy schools can be bolstered to address issues of stigma and to prepare pharmacists to provide counseling on sensitive topics. The accreditation standards for the Accreditation Council on Pharmacy Education already include patient safety, patient assessment, pharmacotherapy, and public health as required elements for pharmacy curricula.

Fourth, state legislatures can reassess what activities pharmacists can do alone or in partnership with physicians and other health professionals. In some areas and in federally run programs, pharmacists have seen an expansion in scope of practice that has helped control HIV, reduce smoking, and manage diabetes. In other areas of the country, however, physicians and other health professionals firmly oppose any effort to increase pharmacists’ scope of practice, even those related to public health activities. Recently, the American Medical Association issued a statement opposing HR 1770 on the grounds that “pharmacists do not have the education and training necessary to assume the role of a physician.”

As a pharmacist and a physician, we encourage the medical profession to recognize the substantial evidence that pharmacists can perform key clinical tasks, consistent with their training, and in collaboration with physicians when needed, to address major unmet public health needs. The fundamental goal of saving lives justifies expanding what pharmacists are permitted to do through innovative and adequately reimbursed models of pharmacy care.

It would be profoundly unfortunate for pharmacists to recede from the public health landscape. With increasing numbers of US individuals dying of preventable causes in recent years, the US cannot afford to leave critical, lifesaving resources in every community hidden in plain sight.