PharmaSmart®
Backed by Evidence, Trusted by Physicians. Don't Settle For Less.™

**RURAL HEALTH & REMOTE ACCESS**

FDA-CLEARED · CLASS II
US VALIDATED DEVICE LISTING

# When care is a long drive, the reading belongs on Main Street.



The $50B Rural Health Transformation Program lets states fund measurable chronic disease work and consumer-facing technology.[1] But in a rural town a blood pressure reading still waits on a trip to the clinic, so gaps go unseen.

The **PharmaSmart PS-2000D Health Station** puts a validated, self-service reading in town, with no clinic visit or staff needed.

**37%**
of rural adults have hypertension vs 31% urban[2]

**34 min**
average rural trip for medical or dental care, 2017[3]

**61%**
of primary care shortage designations are rural[4]

**417**
rural hospitals vulnerable to closure, Chartis 2026[5]

## Where it fits your rural network

**Local health units.** A fixed reading point with no appointment and no staff to find.

**Critical access lobbies.** Walk-in readings with no nurse pulled from the floor.

**Towns with no clinic.** A pharmacy or community center can host an unattended station.

**Between telehealth visits.** Results by text or email to share at the next call.

## What it moves for your rural program

**Quality.** RHCs aren't required to report through MIPS or UDS. Multi-site reports show BP by site anyway.[6]

**Accuracy.** The only kiosks on the US Validated Device Listing.

**Productivity.** 3–5 minutes of staff time saved per reading at short-staffed sites.

**Data capture.** 60–80% of people surveyed held back from their clinician.[7] Private screen questions offer another way to answer.

## The math

**20 readings a day** gives back 1 to 1.7 staff hours, every day. RHT offers states **$10B a year** through FY2030, so ask how yours is funding chronic disease work.[1]

## Recommended setup

Ask about EHR and availability

| | |
|---|---|
| **PS-2000D** | Local health units and clinic lobbies: BP, pulse, weight and BMI |
| **PS-2000CX** | Small sites: BP and pulse, smaller footprint |

**In the field:** over 7,000 units are deployed. The Arkansas Department of Health placed PharmaSmart stations in 90 Local Health Units, especially for rural access,[8] and the New York City Department of Health has deployed them.

1. PL 119-21 s.71401; CMS RHT Program. 2. Liu M et al., JAMA Cardiol 2025 (NHIS 2022). 3. Akinlotan M et al., Prev Med Rep 2023 (NHTS 2017). 4. HRSA HPSA report, June 30, 2026. 5. Chartis, 2026 rural state of the state. 6. NACRHHS brief, Oct 2024. 7. Levy AG et al., JAMA Netw Open 2018;1(7):e185293. 8. J Ark Med Soc, Spring 2026, Vol. 122 No. 4.

## Let's talk about a pilot in your county.

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