



ACCP Advocacy in Action Newsletter



Connecting Evidence, Policy, and Advocacy to Advance Clinical Pharmacy



Washington, D.C. Office, Department of Government and Professional Affairs • 1455 Pennsylvania Avenue, NW, Suite 400 • Vol.3, No. 2; June 2024

Senator Cory Booker (D-NJ) Introduces the SUPPORT Rx Act

ACCP's Government Affairs team in Washington, D.C., has been working with the office of Senator Cory Booker (D-NJ) to develop legislation to fund a 3-year pilot project that would award grants to establish, maintain, or improve a pharmacy-based addiction care program. The legislation's official title is [Substance Use Prevention and Pharmacy Oriented Recovery Treatment Prescription Act \(SUPPORT Rx Act\)](#). A bill number will be made available upon introduction.

Specifically, the legislation requires the Secretary of the Department of Health and Human Services (HHS) to initiate a 3-year demonstration program that awards grants to eligible entities to establish, maintain, or improve a pharmacy-based addiction care program.

Eligible Entities

Eligible entities might include:

- A state, tribal, or local health department
- A partnership between such a health department and one or more other entities whose state laws allow pharmacists to prescribe or enter into collaborative practice agreements with physicians authorized to prescribe
- A specialty addiction treatment practitioner in a primary care setting or a specialty substance use disorder treatment facility

Funding

The legislation identifies a funding mechanism through an established [Harm Reduction Grant Program](#) of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Program Guidelines

The legislation sets out that the SAMHSA funding can be used to:

- Establish, maintain, or improve a comprehensive, pharmacy-based addiction care program to support withdrawal, induction, ongoing care, and rescue

for individuals with opioid or other substance use disorders, provided by and at community pharmacies

- Offer a range of evidence-based medication treatments for opioid and other substance use disorders, including management of withdrawal from opioids and other substances, when appropriate; induction; and maintenance care
- Render same-day care services of low-barrier treatment, with no or reduced requirements, including no or reduced requirements for payment, insurance, age limits, and identification
- Provide harm reduction supplies to promote safety, such as opioid reversal medications approved by the FDA, naloxone training materials for staff, adulterant detection devices (including test strips), and other materials
- Provide training for pharmacists on treating patients with opioid and other substance use disorders
- Provide compensation to staff for pharmacy program and other program operations for which the staff would not otherwise receive compensation
- Provide payment for an individual to obtain not more than a 30-day supply of medication prescribed at any one time under the pharmacy-based addiction care program supported by the grant
- Provide care continuity fee payments to providers or clinics whose patients transfer their maintenance care to the pharmacy-based addiction care program supported by the grant to support good recordkeeping, safe transfer, and transition in care
- Provide telebehavioral health services
- Provide construction to permit private or semi-private spaces for counseling and administration of medication
- Provide secure technology that is in compliance with HIPAA privacy regulations

- Establish a collaborative practice agreement
- Pay for the costs of training staff in administration of opioid reversal medications
- Pay for other necessary staff training
- Pay for registration fees in each applicable state

Outcomes: Report to Congress

The legislation requires HHS to submit a report to Congress no later than 120 days after the end of the 3-year pilot. To comply with this requirement, participating entities are required to submit the following to HHS:

- An annual evaluation of the progress of the pharmacy-based addiction care program supported by the grant, including information on:
 - Number of patients receiving treatment
 - Any changes in local rates of overdose over the course of the grant
 - Cost data
 - Patient-reported outcomes
 - Overdose data
 - Hospitalization data
 - Quality and safety measures
 - Program retention data
 - Data on opioid prescription fill rates
 - Demographic characteristics of patients who were treated by the program
 - Any other information the Secretary deems necessary

Background

A [study from researchers at Brown University, Rhode Island Hospital, and the University of Rhode Island](#), published in the [New England Journal of Medicine](#), documented the experiences of 100 patients who started taking buprenorphine after visiting a specially trained pharmacist for their care. Once stabilized on the medication, 58 patients were randomly assigned to receive either continued care in the pharmacy or usual care in a clinic or physician's office.

After 1 month, the patients in the pharmacy care group had dramatically higher rates of retention: 25 (89%) continued to receive treatment in the pharmacy compared with 5 (17%) in the usual care group.

Those who were prescribed treatment faced barriers such as long-distance travel to clinics, inconvenient clinic hours, time-consuming paperwork and bureaucracy, and stigma. Sen. Booker's legislation is aimed at addressing hurdles that are perceived as barriers to the widespread use of buprenorphine.

Next Steps

ACCP has endorsed the SUPPORT Rx Act and is committed to working with Sen. Booker to help advance the bill through Congress. The bill is expected to be formally introduced by the end of May 2024. ACCP staff in Washington, D.C., will continue to keep members updated on new developments.



ACTION ALERT!

SUPPORT Rx Act for Clinical Pharmacist Recovery Treatment Services

CONTACT CONGRESS

Clinical Pharmacists on Capitol Hill, Part 1: ACCP Members Take Action to Support PGY1 Residency Funding

Over 1300 ACCP members and supporters recently mobilized in support of Senate action to protect pass-through funding for postgraduate year one (PGY1) residency programs. Thank you for taking action on this important issue!

Since 2019, the Centers for Medicare & Medicaid Services (CMS) has implemented changes to its auditing procedures for clinical pharmacy residency programs without updating its regulations or providing guidance on how residency programs can stay in compliance with these auditing procedures.

Medicare pass-through funding for PGY1 residency programs is critical to ensuring the sustainability of the clinical pharmacy profession. However, under these burdensome Medicare auditing procedures, many PGY1 residency programs have been stripped of funding.

In the Senate, Amy Klobuchar (D-MN) led an effort that called for a subcommittee of the Labor, Health and Human Services Appropriations Committee to include language directing CMS to provide clear guidance before clawing back residency funding.

As noted earlier, an impressive 1300 ACCP members and supporters recently came together to urge members of the Senate to support Senator Klobuchar's initiative. Did your senator sign the PGY1 funding letter? [Click here](#) to find out!

Clinical Pharmacists on Capitol Hill, Part 2: ACCP DC-Area Chapter Annual Advocacy Day



Left to Right: Lisa Peters, Pharm.D., Clinical Specialist Pharmacist, Advanced Heart Failure and Heart Transplant at MedStar Washington Hospital Center; Saad Shaafi, Pharm.D. Candidate (2025), VCU School of Pharmacy; John McGlew, ACCP Senior Director, Government Affairs.

On March 21, 2024, ACCP's Government Affairs office welcomed clinical pharmacists from the DC-Area College of Clinical Pharmacy (DCCCP) for the annual Capitol Hill Lobby Day. Building on the office's experience holding

virtual lobby days during the pandemic, for the first time, the 2024 event was made available to members as an in-person/virtual hybrid effort.

The group was led by Lisa Peters, Pharm.D., Clinical Specialist Pharmacist, Advanced Heart Failure and Heart Transplant at MedStar Washington Hospital Center. Peters received her Pharm.D. degree from the University of Michigan College of Pharmacy and completed her pharmacy practice residency at the Richmond Veterans Affairs Medical Center. Peters is a former president of the DC Chapter and has organized the DCCCP Advocacy Day on Capitol Hill for over a decade.

The DCCCP represents members from across the Washington metropolitan area, including the District of Columbia, Maryland, and Virginia. On Wednesday evening before the event, the group convened an online training and preparatory session to ensure all attendees were fully briefed.

The group met in person on Thursday morning at ACCP's Washington, D.C., offices for an overview of ACCP's advocacy platform, the current legislative environment, and the congressional lobbying process. From there, they made their way up Pennsylvania Avenue NW to the Hart Senate Building on Capitol Hill to begin a full schedule of afternoon meetings with the Senate offices representing Maryland and Virginia:

- [Senator Ben Cardin \(D-MD\)](#)
- [Senator Chris Van Hollen \(D-MD\)](#)
- [Senator Mark Warner \(D-VA\)](#)
- [Senator Tim Kaine \(D-VA\)](#)

Although staff in these offices are already familiar with ACCP's Medicare initiative, the importance of directly engaging these active ACCP members in the political process cannot be overstated, whether in Washington, D.C., or back home when Congress is in recess.

Consistent with ACCP's advocacy priorities, the lobbying visits focused on ACCP's efforts to establish Medicare coverage for comprehensive clinical pharmacy services as part of a broader reform of Medicare payment policy. In addition, with Congress focused on developing policy solutions to address the opioid crisis, the group took the opportunity to urge the full integration of clinical pharmacists into patient-centered health care teams to help ensure the safe, rational prescribing and use of opioids.

Overall, the 2024 DCCCP Capitol Hill Lobby Day was a successful return to in-person advocacy after shifting to an online event during the pandemic. ACCP would like to thank the leadership of the DC Chapter for their hard work and commitment to the College's advocacy agenda. Any ACCP chapter or individual member interested in visiting Washington to lobby on Capitol Hill

should contact [ACCP's Washington office](#), where your advocacy efforts can be facilitated and supported.

Clinical Pharmacists on Capitol Hill: Update from the 2023–2024 ACCP/ASHP/VCU Congressional Healthcare Policy Fellow

Since October 2023, Wasem Gawish, D.Ph., BCPS, BCMTMS, has been working in a congressional office on Capitol Hill in Washington, D.C., as [the 2023–2024 American College of Clinical Pharmacy/American Society of Health-System Pharmacists/Virginia Commonwealth University Congressional Healthcare Policy Fellow](#).

Gawish is serving in the office of Senator Martin Heinrich (D-NM). First elected to the Senate in 2012 after serving in the House of Representatives, Heinrich holds a position on the powerful Senate Appropriations Committee and chairs the bipartisan Senate Artificial Intelligence Caucus.

Midway through his Fellow year, Gawish sat down with ACCP staff to discuss his experience so far.

How did you first become interested in politics?

My interest in politics stemmed from a desire to make impactful changes in health care policy. I realized that policymaking is a key tool that can be used to shape and improve health outcomes. Upon meeting Dr. Kristin Zimmerman at Midyear in 2022 and learning about the ACCP/ASHP/VCU Congressional Fellowship, I knew it was the right opportunity for me and immediately applied.

How do you like living in Washington, D.C.?

Living in Washington, D.C., has been an enlightening experience. Being at the center of the nation's political scene has allowed me to participate directly in policymaking. Not to mention, D.C. is a city brimming with museums and historical landmarks, which further enhances the enriching experience that the fellowship offers.

What has surprised you about working in a congressional office?

What has surprised me the most about working in a congressional office is the complexity of the legislative process. It demands significant collaboration, negotiation, and strategic planning. Furthermore, I was pleasantly surprised to find that policymakers highly value our real-world experience as pharmacists. The significance of our contribution to the legislative process cannot be overstated.

How much of your time do you spend working on pharmacy issues?

As a health and health AI policy fellow, a significant portion of my time is spent on pharmacy issues because it is one of the key areas in health care policy.

What are your plans for after the Fellow Program? Do you think you'll stay in the D.C. area?

After the Fellow Program, I plan to continue working in health policy. Whether I'll stay in the D.C. area will largely depend on where the best opportunities to make an impact are.



Left to Right: Wasem Gawish, John McGlew, ACCP Senior Director of Government Affairs; Marcia L. Buck, ACCP Director of Clinical Practice Advancement.

Gawish spoke passionately about his work in Congress and this unique opportunity to share policy that helps improve how pharmacists take care of patients. In particular, Gawish highlighted a letter Heinrich recently sent to FDA Commissioner Robert Califf, requesting that medications for opioid use disorder (MOUD), including buprenorphine and methadone, be added to the FDA's List of Essential Medicines. The letter specifically notes that despite the proven effectiveness of MOUD, many hospitals and EDs do not include MOUD in their formularies. This exclusion poses a significant challenge in inpatient settings, particularly for providers who need to initiate MOUD in new patients with opioid use disorder during their hospital stay. In addition, gaps in treatment through MOUD can notably increase overdose risks and fatalities. [Click here](#) to read Heinrich's letter to the FDA.

About the Healthcare Policy Fellow Program

For almost 20 years, this prestigious program has offered a unique, year-long health care policy learning experience in the U.S. Congress. This provides pharmacists an opportunity to gain insight into health care policy analysis and development through immersion in the congressional environment. The Fellow Program begins in July

with an immersive orientation in health policy across 3 weeks each with ACCP's and ASHP's government affairs offices, followed by 12 months on Capitol Hill.

Alumni Fellows

After serving in the program, past fellows have gone on to engage in a variety of important roles in health care policy and government:

- Amanda Ferguson, Pharm.D., the 2022–2023 fellow, served as a health policy specialist on the U.S. Senate Committee on Health, Education, Labor and Pensions (HELP).
- Tatiana Bujnoch, Pharm.D., M.S., BCPS, currently serves as Health Equity and Policy Associate at Morgan Health.
- Nimit Jindal, Pharm.D., currently serves as Senior Health Policy Advisor, U.S. Senate Committee on Health, Education, Labor and Pensions (HELP).
- Rita (Habib) Livadas, Pharm.D., currently serves as Director, Global Public Health, Life Sciences at Becton, Dickinson and Co.

Applications for the 2025–2026 Pharmacy Healthcare Policy Fellow Program

Interested candidates should visit the pharmacy Congressional Healthcare Policy Fellow program website for more information and instructions on submitting an application. For more information, [click here](#).

Positioning and Advancing Clinical Pharmacists: ACCP Responds to Sen. Bernie Sanders' Long COVID Initiative

On April 9, 2024, Sen. Bernie Sanders (I-VT) issued an open letter to stakeholders calling for input on a draft legislative proposal that would address the Long COVID crisis that is negatively affecting the health of some 22 million Americans.

Senator Sanders serves as chair of the powerful Senate Committee on Health, Education, Labor and Pensions (HELP). In January, the HELP Committee held a hearing on Long COVID that featured testimony from patients and the country's leading Long COVID researchers to consider how the United States could advance treatments and improve the health of those living with the illness.

Among other initiatives, Senator Sanders' bill would:

- Provide \$1 billion in mandatory Long COVID funding per year for 10 years to the National Institutes of Health (NIH)
- Create a centralized coordinating entity for most of the Long COVID research activities at NIH
- Establish an NIH research advisory board made up of scientists, health care providers, and patients with Long COVID and other COVID-induced chronic conditions. The goal of the research advisory board would be to provide advice on research funding.
- Require NIH to establish a Long COVID database

ACCP's response cited a 2022 paper published in the *Journal of the American College of Clinical Pharmacy* titled "[A Primer on Post-COVID-19 Conditions and Implications for Clinical Pharmacists](#)," which explores how clinical pharmacists are essential team members in optimizing the treatment of patients experiencing a wide range of lingering symptoms collectively known as "post-COVID conditions." Recognition of these conditions as a clinical entity represents the first step in developing a targeted plan for recovery and symptom mitigation.

Clinical pharmacists are a vital addition to the care team managing the transition-of-care process as patients are discharged from the hospital and reenter the community. Medications that may have been used for acute COVID-19 may no longer be appropriate at the time of discharge. This is an opportunity for clinical pharmacists to intervene and collaborate with other health care professionals to optimize patient care and prevent possible harm. Furthermore, patients who develop post-COVID conditions may benefit from additional therapies to mitigate their new COVID manifestations; however, these medications must be initiated mindfully, both regarding drug clearance and with respect to clinically significant interactions with other drugs or disease states. Clinical pharmacists are uniquely positioned not only to evaluate evolving post-COVID literature, but also to balance these new treatment modalities or old treatment options for new indications with existing chronic disease states.

[Click here](#) to read ACCP's Long COVID response to Senator Sanders.

ACCP State of the Union Press Release: Clinical Pharmacists Help Improve Prescription Drug Outcomes

Before President Joe Biden's annual State of the Union address to Congress, ACCP issued a statement calling on the Biden administration and leaders on Capitol Hill to immediately support coverage for comprehensive clinical pharmacy services in Medicare. [ACCP's State of the Union press release](#) can be read below.

State of the Union Address Identifies Drug Costs as Major Issue

Clinical Pharmacists Help Improve Prescription Drug Outcomes

Washington, D.C., March 7, 2024 -- In anticipation of President Biden's State of the Union address tonight, the American College of Clinical Pharmacy (ACCP) issued the following statement.

"We applaud President Biden for highlighting health care issues in his State of the Union address. Implementing policies to improve the affordability of healthcare treatments, including prescription drugs, should be a top priority for our Nation's leaders. Indeed, the cost of pharmaceutical therapies are a top concern for the American public, and President Biden and lawmakers of all ideological stripes should be congratulated for focusing on affordability."

"However, while it is important to address the cost of prescription drugs, it is equally important -- perhaps even more important -- to ensure that medications are prescribed and utilized safely and effectively. It is a regrettable fact that nearly half a trillion dollars each year is wasted due to ineffective or inappropriate medication use.¹ Our healthcare system, and our Nation, simply can't afford that any longer."

"With most medical treatment involving some form of prescription drug therapy, addressing this hugely underappreciated issue could not be more urgent."

"ACCP represents today's modern clinical pharmacists -- highly skilled healthcare professionals educated and trained as *the* medication experts in the healthcare ecosystem. Clinical pharmacists routinely work as members of physician-led healthcare teams to ensure that medications achieve their optimal therapeutic benefit. As a result, clinical pharmacists help improve medication treatment and save billions of dollars."

"Unfortunately, the Medicare program -- which pays for the majority of prescribed medications -- does not recognize or cover 'comprehensive clinical pharmacy services'. This is the process of care provided by clinical pharmacists that improves outcomes, optimizes medication use, and saves billions of dollars in Medicare expenses."

"While addressing prescription drug affordability is extremely important, we urge the President and Congress to immediately support coverage for comprehensive clinical pharmacy services in Medicare."

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of more than 17,000 clinical pharmacists, scientists, educators, postgraduate trainees, students, and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

¹ Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. *The Annals of pharmacotherapy*, 52(9), 829-837. <http://dx.doi.org/10.1177/1060028018765159> Retrieved from <https://escholarship.org/uc/item/3n76n4z6>