



# 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. 3; December 2024

## Update on S.4429 – Substance Use Prevention and Pharmacy Oriented Recovery Treatment Prescription Act (SUPPORT Rx Act)

Over the past year, ACCP's Government Affairs team in Washington, D.C., has been working with the office of Sen. Cory Booker (D-NJ) to develop and advance legislation that would fund a 3-year pilot project to award grants to eligible entities to establish, maintain, or improve a pharmacy-based addiction care program. The legislation's official title is S.4429, [Substance Use Prevention and Pharmacy Oriented Recovery Treatment Prescription Act \(SUPPORT Rx Act\)](#).

It is unlikely that S.4429 will be included in the final, year-end legislation that closes out this session of Congress. However, it is hoped that Senator Booker will reintroduce the bill as the new Congress gets underway in 2025, and it's important that ACCP members [tell their senators](#) to support this important legislative initiative.

Specifically, the legislation requires the Secretary of the Department of Health & 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, the state laws of which 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, the patients of which 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 semiprivate 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 that HHS submit a report to Congress no later than 120 days after the end of the 3-year pilot project. To comply with this requirement, participating entities are required to submit 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 the opioid prescription fill rates
  - demographic characteristics of patients who were treated by the program
  - any other information the Secretary determines 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 specialty 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, stigma, and more. Senator Booker's legislation is aimed at addressing hurdles that are perceived as barriers to the widespread use of buprenorphine.

## ACCP Submits Physician Fee Schedule Comments to CMS: Positioning and Advancing Pharmacists with Physician Payment

On September 9, ACCP submitted comments to the Centers for Medicare & Medicaid Services (CMS) related to proposed adjustments to the physician fee schedule (PFS) that would go into effect in calendar year 2025. The PFS is the primary method of payment for Medicare-enrolled health care providers, including payment for professional services of physicians and other health care providers in private practice and incident-to physicians' services (other than certain drugs covered as incident-to services).

ACCP's goal in this communication was to urge the integration, coverage, and payment for clinical pharmacists' medication optimization services within the Medicare program. With an estimated \$528 billion a year consumed because of ineffective medication use (equivalent to 16% of total health care spending), the nation's health care delivery systems consistently fail to deliver the full value that medication therapies can bring to patient outcomes.

To help address this crisis, ACCP is calling for coverage for comprehensive medication management (CMM) services in Medicare. CMM is defined as a direct patient care service provided by clinical pharmacists working as formal members of the patient's health care team. CMM has been shown through empirical, peer-reviewed studies and everyday practice to significantly improve clinical outcomes and enhance the safety of patients' medication use.

### Positioning Clinical Pharmacists with Their Physician Partners

ACCP's comments also express concern about a proposed 2.8% reduction in Medicare physician payment and its inevitably negative impact on the collaborative patient care environments in which clinical pharmacists and physicians operate every day. ACCP believes that underpayment to physicians could reduce their interest, willingness, and ability to seek collaboration with other non-physician health care experts, like clinical pharmacists.

ACCP is committed to a longstanding advocacy effort aimed at advancing coverage and payment for comprehensive clinical pharmacy services within Medicare and across other public and commercial payers.

This advocacy initiative is perfectly aligned with ACCP's [Strategic Plan](#), which calls for the advancement of clinical pharmacists through efforts to achieve recognition of their value by payers, regulators, and the scientific/professional community throughout the world. The Strategic Plan further calls on the College to promote clinical pharmacists by establishing strategic collaborations that increase opportunities for clinical pharmacists to influence research, payment policy, and clinical practice.

Delving deeper into the Strategic Plan, Objective 3.2.2 specifically calls for the development of a joint statement with one or more medical societies citing the value of collaborating with clinical pharmacists to achieve medication optimization.

This strategic focus on advancing collaborative, team-based care and the College's commitment to fostering strong strategic alliances with its physician colleague organizations is evident in the work of ACCP's Washington office and their efforts to establish strong partnerships with allied health organizations.

Recently, the American College of Physicians communicated in a letter to Congress their strong support for "arrangements where the pharmacist is part of an integrated, team-based approach to care, such as a patient-centered medical home (PCMH)," further stating:

Congress should invest in the PCMH and other efforts to improve collaboration and team-based care models – consistent with the [Joint Principles of the Patient-Centered Medical Home](#). In a collaborative environment, the pharmacist is a logical member of a team.

### Summary

ACCP is fully aware of the American Medical Association's campaign against what it refers to as "[scope creep](#)." However, the College is fundamentally committed to an advocacy effort that views physicians and other members of the health care team as allies and colleagues. ACCP believes that patients are best served when pharmacists work collaboratively as integrated team members. Similarly, ACCP strives to build advocacy initiatives that replicate this collaborative, team-based approach to problem solving.

[Click here](#) to read ACCP's comments to CMS related to the CY 2025 Physician Fee Schedule.

## Congratulations to the Winners of the 2024 ACCP-PAC PRN Challenge!

In conjunction with the 2024 ACCP Annual Meeting in Phoenix, ACCP-PAC organized the annual Political Action Committee (PAC) PRN Challenge to determine which PRNs could generate the greatest PAC support.

Throughout the Challenge, PRN members who made a PAC contribution online could designate a PRN to receive credit for their contribution. The 2024 Challenge recognized two winners:

- The Community-Based PRN won the contest for the total dollars raised!
- The Perioperative Care PRN won the contest for the greatest percentage of PRN members who contributed!

The winning PRNs will receive coveted preferential time slots for their business meetings at the 2025 ACCP Annual Meeting. Thank you to everyone who has participated in ACCP's advocacy activities so far in 2024.

### Why Does ACCP Have a PAC?

In 2010, the ACCP Board of Regents made the decision to establish ACCP-PAC to allow the College to be active in supporting the campaigns of members of Congress who share the College's core values and policy vision, just as ACCP is active in asking for the support of these elected officials in helping to advance its shared policy goals. Running for federal office is expensive, and members of Congress rely on contributions from PACs to fund their campaigns.

### Who Receives PAC Support?

ACCP-PAC is nonpartisan and supports candidates regardless of political party affiliation. ACCP-PAC supports candidates on the basis of certain established criteria:

- Position on key health care committees in Congress
- Proven support for pharmacy and health care-related issues
- Previous health care experience

The key health care-related committees in the House of Representatives are the Ways and Means Committee and the Energy and Commerce Committee; in the Senate, these are the Finance Committee and the Health, Education, Labor and Pensions Committee.

## How Does ACCP-PAC Decide Which Candidates to Support?

ACCP-PAC is a member-driven organization, and its strategic policy decisions – including those related to which candidates receive financial contributions from ACCP-PAC – are made by the [PAC Governing Council](#).

ACCP members who contribute to the PAC may recommend candidates to receive contributions. All PAC contributor recommendations will be considered; however, not all requests may be accommodated.

ACCP-PAC is also supported by the College's network of PAC captains who represent ACCP's PRNs on advocacy and political action. The College is excited about this renewed effort to develop a core of focused leaders to drive participation in its advocacy efforts.

### Next Steps

Even if you didn't have a chance to participate in the PRN Challenge, you can still contribute to ACCP-PAC. [Click here](#) to contribute now.

PAC contributions allow ACCP members to collectively donate to support members of Congress who understand that medication optimization by "getting the medications right" is central to the success of team-based, patient-centered, quality-driven health care delivery and payment. To learn more and make a contribution, visit the ACCP-PAC website at [www.accpaction.org](http://www.accpaction.org).

## 2024–2025 Healthcare Policy Fellow Mikayla Harris, Pharm.D., on Capitol Hill with Senator Murkowski (R-AK)



Mikayla Harris, Pharm.D., joined the office of Sen. Lisa Murkowski as the 2024–2025 American College of Clinical Pharmacy-American Society of Health-System Pharmacists-Virginia Commonwealth University (ACCP/ASHP/VCU) Congressional Healthcare Policy Fellow.

Senator Murkowski has served the people of Alaska in the Senate since 2002, where she has earned a reputation for her ability to work collaboratively and across the aisle to reach effective policy outcomes.

For policy issues directly affecting the clinical pharmacy profession, Senator Murkowski serves on the Senate Health, Education, Labor & Pensions Committee and as vice chair of the Senate Indian Affairs Committee. She also holds a powerful position on the Senate Appropriations Committee.

### About the Fellow Program

The 14-month fellow program, the only one of its kind in the nation, is a joint initiative led by the Government Affairs teams at ACCP and ASHP and the faculty at the VCU School of Pharmacy. The program provides active mentorship and hands-on experience within Congress and offers fellows a unique opportunity to serve as a staff member in Congress to develop skills in issue prioritization, policy, legislation evaluation, research, writing, and advocacy.

During their congressional placement, fellows are typically responsible for researching and writing briefs on health care issues, assisting with policy analyses, and drafting memoranda, floor speeches, and questions for panelists at congressional hearings, as well as planning, organizing, and contributing to the senator or representative's office policy and management issues for the year.

### Alumni Fellows

After their service 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., went on to serve as Health Legislative Assistant in the office of Sen. Tom Carper (D-DE)
- Tatiana Bujnoch, Pharm.D., M.S., BCPS, currently serves as Health Equity and Policy Associate at Morgan Health
- Rita (Habib) Livadas, Pharm.D., currently serves as Director, Global Public Health, Life Sciences at Becton, Dickinson and Co.

### Applications for 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](#).



## Urge Congress to Pass the Substance Use Prevention & Pharmacy Oriented Recovery Treatment Prescription Act (SUPPORT Rx)

The Substance Use Prevention and Pharmacy Oriented Recovery Treatment Prescription Act (SUPPORT Rx) would increase access to lifesaving addiction services provided by pharmacists working under collaborative practice agreements. Specifically, the legislation requires the Secretary of Health and Human Services (HHS) to initiate a 3-year demonstration program which will award grants to eligible entities to establish, maintain, or improve a pharmacy-based addiction care program. Tell your Senators why communities need access to lifesaving addiction services provided by clinical pharmacists. [Click here](#) to support Senator Cory Booker's SUPPORT Rx Act.

## **ACCP Advocacy Action Alert!**

**Tell Congress  
to Pass This Bill**