



July 9, 2025

**Senator John Thune**

Senate Majority Leader  
Dirksen Senate Office Building 511  
Washington, DC 20510

**Representative Mike Johnson**

House Majority Leader  
Cannon House Office Building 521  
Washington, DC 20515

**Senator Chuck Schumer**

Senate Minority Leader  
Hart Senate Office Building 322  
Washington, DC 20510

**Representative Hakeem Jeffries**

House Minority Leader  
Rayburn House Office Building 2267  
Washington, DC 20515

**Re: ASHP Priorities Post Reconciliation**

Dear Senators Thune and Schumer and Representatives Johnson and Jeffries:

ASHP is the largest association of pharmacy professionals in the United States, representing 60,000 pharmacists, student pharmacists, and pharmacy technicians in all patient care settings, including hospitals, ambulatory clinics, and health-system community pharmacies. For over 80 years, ASHP has championed innovation in pharmacy practice, advanced education and professional development, and served as a steadfast advocate for members and patients. In addition, ASHP is the accrediting body for pharmacy residency and technician training programs.

ASHP is committed to ensuring patients have continued access to pharmacists' services and critical and affordable medications in their communities. ASHP urges you to advance several legislative priorities in the 119th Congress that will improve access to pharmacy services, lower the cost of medications, protect the medication supply chain, ensure a strong and resilient pharmacy workforce, and safeguard vital resources necessary for pharmacists to continue to provide patient care.

**Improve Access to Pharmacist Services**

**Pass Legislation Ensuring Patients' Access to Pharmacist Services:** Pharmacists are the most accessible healthcare provider for many seniors, often providing the first point of contact for medication-related concerns and preventing or mitigating the impacts of infectious disease. Many seniors rely on pharmacists as a trusted source of care and support. Unfortunately, since Medicare does not recognize pharmacists as providers, many seniors are denied coverage for this care. The Ensuring Community Access to Pharmacist Services (ECAPS) Act (H.R. 3164), would provide seniors with access to pharmacist-provided test and treatment and/or vaccines for select respiratory conditions like influenza, respiratory syncytial virus, strep throat, and pneumococcal disease. **We support passage of ECAPS, which would ensure Medicare patients have access to testing, vaccination, and treatment services for respiratory infections that pharmacists are authorized by their states to provide.**

**Pass Legislation Permitting Physicians to Bill for the Full Scope of Pharmacists' Services:** The Centers for Medicare & Medicaid Services (CMS) policy limited physicians to billing only the lowest level evaluation and management (E/M) code for pharmacist services provided incident-to a physician, even though Medicare acknowledges that other payers cover these pharmacist-provided services. This policy undermines team-based care for Medicare beneficiaries. **We support passage of legislation allowing physicians to be reimbursed for complex evaluation and management services provided by pharmacists on the care team, incident to the physician.**

**Pass Legislation that Would Continue to Allow Access to Medications for Opioid Use Disorder (MOUD):** The Drug Enforcement Administration previously waived the Ryan Haight Act to allow prescribers to initiate treatment with schedule II-V controlled substances, including MOUDs, via telehealth. CMS also permitted physicians to virtually provide direct supervision of pharmacists. These flexibilities were critical to ensuring patients had access to MOUDs when the prevalence of opioid use disorder (OUD) increased significantly. These flexibilities should be made permanent to allow physicians to leverage the pharmacists on their care team for treatment of OUD. **We support the passage of legislation that would make permanent the temporary authority permitting prescribers to initiate treatment of OUD with schedule II-V controlled substances via telehealth and remote supervision.**

### **Lower the Cost of Medications**

#### **Pass Legislation Bringing Down the High Price of Prescription Medications:**

- **Pass Legislation Ensuring Patients Have Access to Affordable, Safe, and Effective Biologics and Drugs:** Despite a determination by the Food and Drug Administration (FDA) that a biosimilar has "no clinically meaningful differences" between the biological product and the reference product in terms of safety, purity, and potency, federal law requires redundant switching studies to be performed for a product to be deemed interchangeable. These studies delay adoption of biosimilars and compromise patients' ability to access these lower cost biosimilar products, despite FDA's previous determination that the products are safe and effective. The Biosimilar Red Tape Elimination Act (S. 1954) would eliminate the requirement for switching studies, making a biosimilar interchangeable with its reference product upon approval by the FDA, thus allowing pharmacists to dispense these safe and effective products to patients at lower costs than their reference products. **We support passage of the Biosimilar Red Tape Elimination Act.**
- **Pass Legislation Prohibiting Patent Thickets:** Some drug manufacturers unfairly secure extensions of their market exclusivity for medications by submitting potentially inconsistent information to the FDA and U.S. Patent and Trademark Office (USPTO). This regulatory maneuvering limits patients' access to affordable prescription drugs. The Eliminating Thickets to Increase Competition Act ("ETHIC Act") (H.R. 3269), would require manufacturers to certify that they have not made inconsistent statements to the FDA and USPTO. **We support passage of the ETHIC Act.**
- **Amend the Inflation Reduction Act (IRA) to Allow Pharmacies to Purchase at Negotiated Prices:** The prescription drug provisions of the IRA were meant to ensure Medicare beneficiaries have access to affordable medications. Unfortunately, CMS implementation has undermined this goal and will actually increase medication purchasing costs for pharmacies by allowing manufacturers to sell medications intended for Medicare beneficiaries at much higher prices than the negotiated

price. **We support amending the IRA to clarify that drug price discounts must be provided upfront rather than through rebates that allow manufacturers to game the system and increase purchase prices for pharmacies and their patients.**

- **Defend Patients from Pharmacy Benefit Manager (PBM) Abuses:** PBM practices are driving up healthcare costs and restricting patients' access to medications. Legislative reform is necessary to rein in their harmful practices and keep up with state regulation of PBMs. Unfortunately, some bills considered in previous Congresses contained harmful site-neutral provisions that fail to recognize the higher standards for medication preparation, medication administration, and care coordination that apply to hospital outpatient departments. Including site-neutral payment provisions in PBM reform legislation undermines the ability of hospitals to provide appropriate patient care. **We support legislation that would do the following, but strongly oppose inclusion of site-neutral payment in any final PBM proposal:**
  - **Prohibit PBM abuse of spread pricing in Medicaid;**
  - **Require Part D plans to contract with any willing pharmacy;**
  - **Enhance PBM transparency and accountability; and**
  - **Prohibit PBMs from instituting network pharmacy performance fees.**

### **Protect the Medication Supply Chain**

**Pass Legislation Preventing Drug Shortages:** In conjunction with the University of Utah, ASHP monitors and maintains a pharmaceutical drug shortage list that tracks pharmaceutical drug availability, including regional shortages, across the nation.<sup>1</sup> We regularly update the FDA regarding emerging shortages. Now is the time for action to protect Americans' access to medications. We appreciate the work the Senate Finance Committee has done to develop policies to address drug shortages. **We support passage of legislation to incentivize supply chain transparency, long-term contracts for the purchase of generic sterile injectables, and buffer supplies for critical medications.**

### **Ensure a Strong and Resilient Pharmacy Workforce**

**Pass Legislation Safeguarding Funding for Pharmacy Residency Programs:** Pharmacy residencies are postgraduate training programs that equip pharmacists to meet the challenges of today's complex healthcare environment. Unfortunately, CMS has refused to tell residency programs sponsored by hospitals that are part of health systems or academic medical centers how they should comply with agency requirements. Despite this lack of guidance, CMS alleges that standard hospital business and training practices are noncompliant, resulting in funding clawbacks from many residency programs. The Rebuild America's Health Care Schools Act (S. 1087/H.R. 1708) would require CMS to clarify the requirements health systems must meet to receive Medicare reimbursement for operating pharmacy, nursing, and allied health residency programs, and halt the clawbacks of these critical funds. **We support passage of the Rebuild America's Health Care Schools Act that would help the next generation of America's pharmacy workforce.**

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<sup>1</sup> <https://www.ashp.org/drug-shortages/current-shortages/drug-shortages-list?page=CurrentShortages&loginreturnUrl=SSOCheckOnly>

**Pass Legislation Protecting the Mental Health and Well-Being of the Pharmacy Workforce:**

Pharmacists, along with other healthcare providers, play a critical role in protecting patients and overall public health. Initiatives that support healthcare workforce mental health and well-being are essential to protecting access to care. Unfortunately, the pharmacy workforce, like the rest of the healthcare workforce, is experiencing alarming rates of occupational burnout, moral injury, and stress. We support the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (H.R. 929/S. 266) in order to sustain its impact since its initial passage in 2022. The Lorna Breen Act has allowed ASHP to reach over 4,300 pharmacists, pharmacy technicians, pharmacy residents, and student pharmacists in a curriculum-based, virtual learning community that aims to empower local action to mitigate occupational burnout and create cultures of well-being in healthcare organizations. **We support passage and full funding of the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act.**

**Safeguard Vital Resources Necessary for Pharmacists to Continue to Provide Patient Care**

**Protect 340B as a Critical Source of Hospital Funding:** Hospitals need access to the 340B Drug Pricing Program and fair reimbursement models that allow them to continue providing healthcare services to patients in rural and underserved areas:

- **Pass Legislation Preventing Manufacturers from Restricting Distribution of 340B Discounted Medications:** Drug manufacturers circumvent their obligations under the 340B program by limiting the distribution of certain 340B drugs to hospitals and health systems. The 340B PATIENTS Act (H.R. 7635/S. 5021), introduced in the 118<sup>th</sup> Congress, would prohibit discrimination against 340B contract pharmacies. **We support passage of the 340B PATIENTS Act.**
- **Reject Site-Neutral Payment Proposals that Diminish Hospitals' Ability to Provide Critical Care:** Site-neutral proposals that reduce reimbursement for services, including medication administration, provided in hospital outpatient departments, inappropriately equate care provided in these hospital clinics with less complex care provided at freestanding physician offices. The care is not equivalent, and current payment mechanisms take into account these important differences.<sup>2</sup> Medication use in hospital facilities is more complex and is overseen by the FDA, state boards of pharmacy, U.S. Pharmacopeia, and accrediting organizations, such as The Joint Commission, while other sites of care are held to a lower standard. **We urge Congress to reject site-neutral payment changes that would negatively impact hospitals' ability to provide high-quality patient care by reducing payments to the level of providers that meet a lower standard and complexity of care.**

We urge you to prioritize and pass these critical legislative proposals in the 119<sup>th</sup> Congress to ensure continued access to care for patients. For more information, visit [ashp.org](https://www.ashp.org) and ASHP's consumer website, [SafeMedication.com](https://www.SafeMedication.com). If you have questions or if ASHP can assist you in any way, please contact Frank Kolb at [fkolb@ashp.org](mailto:fkolb@ashp.org).

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<sup>2</sup> <https://www.ashp.org/-/media/assets/advocacy-issues/docs/2023/Site-Neutral-Payments-infographic-final>

ASHP Priorities Post Reconciliation  
July 9, 2025  
Page 5

Sincerely,

A handwritten signature in black ink, appearing to be 'Tom Kraus', written over a light yellow rectangular background.

Tom Kraus  
American Society of Health-System Pharmacists  
Vice President, Government Relations