



ACCP Advocacy in Action Newsletter



Connecting Evidence, Policy, and Advocacy to Advance Clinical Pharmacy



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Building a Career on Capitol Hill: Congressional Healthcare Policy Fellow Program



Laurel Uhomba, Pharm.D., MPH, MBA, is currently serving as the ACCP-ASHP-VCU Congressional Healthcare Policy Fellow, spending a year working for the Health Subcommittee within the US House of Representatives Energy and Commerce Committee in Washington, DC.

Now in its 19th year, the 14-month American College of Clinical Pharmacy-American Society of Health-System Pharmacists-Virginia Commonwealth University Congressional Healthcare Policy Fellow Program offers a unique opportunity for a pharmacist to serve as a staff member in the US Congress, with orientation managed by ACCP and ASHP government affairs offices.

ACCP sat down with Uhomba to catch up on her experience working in Congress. Here's an update from our 2025-2026 Fellow!

Congratulations on your work on Capitol Hill! How did you find your placement in such a powerful and influential congressional office?

I entered the fellowship with an interest in working either in a personal member office or on a committee. The teams at ASHP and ACCP, together with fellowship alumni, were instrumental in connecting me with contacts across offices and committees aligned with my interests. I interviewed with several congressional offices and committees to better understand the range of opportunities available. Drawing on my public health training and clinical experiences across community and specialty pharmacy, Indian Health Services, Veterans Affairs, academic medical centers, and federally qualified health centers, I was particularly interested in a placement that offered a broad, systems-level view of federal health policy. The Energy and Commerce Committee's jurisdiction provided that perspective. From my initial conversations, it was clear the team valued my background and saw how my experience could contribute meaningfully to their work.

Would it be possible to describe a typical day on Capitol Hill?

No 2 days are exactly the same. My work includes meeting with a wide range of stakeholders, contributing to ongoing policy projects, and supporting preparation for hearings. I also assist with drafting memos and background materials to help inform members and staff on key health issues under the committee's jurisdiction.

How do you enjoy life in Washington, DC?

I absolutely love living in DC, what I affectionately call my Dream City. There is so much to do and such a diverse mix of people to connect with. One of my favorite parts of living here is how accessible everything feels. There are countless free events, museums, festivals, and networking opportunities, and most places are walkable or easily reached by public transit. It is energizing to live in a city where so many people are passionate about their work across so many different sectors.

What are your plans for the future?

My goal is to pursue a role that allows me to bridge my health care, public health, and business backgrounds. This fellowship has given me valuable insight into how pharmacists' skills and perspectives can be leveraged to help shape policy and advance the profession within broader health system conversations.

Do you have advice for interested candidates?

Do not let a perceived lack of policy experience deter you from applying. It is normal to feel like you do not know enough going into this space, but this is exactly what the fellowship is designed to address. There will always be things you do not know, and many of those gaps can be filled with time, curiosity, and learning along the way. Do not let self-doubt hold you back from a once-in-a-lifetime opportunity. This fellowship is a constant reminder that every voice matters and that your lived and professional experiences uniquely position you to contribute to meaningful change.

Alumni Fellows

- The 2024-2025 Fellow, Mikayla Harris, Pharm.D., is now serving as a Legislative Assistant in the Senate Committee on Veterans Affairs in the US Senate.
- Amanda Ferguson, Pharm.D., currently serves as Senior Director, Federal Relations, Healthcare Association of New York State (HANYS).
- Nimit Jindal, Pharm.D., currently serves as Senior Health Policy Advisor, US Senate Committee on Health, Education, Labor and Pensions (HELP).
- Tatiana Bujnoch, Pharm.D., MS, 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.

Clinical Pharmacy and Capitol Hill: ACCP Submits Comments to Senate Committee on Veterans Affairs

After a December 3, 2025, Senate Committee on Veterans Affairs (VA) [hearing](#) on Medication Management in VA Healthcare, ACCP submitted comments to the Senate Committee highlighting key studies showing clinical pharmacy practitioners in the VA improving access, clinical outcomes, and cost-effectiveness in the delivery of team-based care.

Related to the Senate hearing, the Government Accountability Office (GAO) released a study titled “Status of Key Recommendations Related to Mental Health and Medication Management.” The study focused on mental health treatment plans and opioid safety risk mitigation strategies. [Click here](#) to read the GAO study.

ACCP’s comments focused on the VA National Pharmacogenomics Program, Clinical Pharmacy, Mental Health and Substance Abuse Disorder, and Optimizing Medications Through Telehealth: [Protecting Veteran Access to Telemedicine Services Act of 2025](#).

[Click here](#) to read ACCP’s comments.

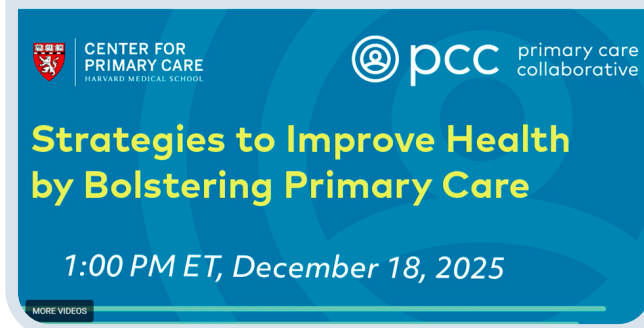
ACCP has close ties with this Senate Committee, where Mikayla Harris, Pharm.D., a former [Congressional Health Policy Fellow](#), currently serves on staff.

After completing her fellow year, where she served in the office of Sen. Lisa Murkowski (R-AK), Harris now serves as a legislative assistant in the Senate Committee on Veterans Affairs.

Primary Care Investment Guide Webinar



The Primary Care Collaborative and Harvard Medical School recently hosted a webinar for the release of the Primary Care Investment Guide. The guide breaks down how advanced primary care services such as behavioral health integration, clinical pharmacy services, care management, population health, and social needs interventions lead to better outcomes for patients. Scan the QR code to view the webinar, or go to: <https://thebcc.org/webinar/strategies-to-improve-health-by-bolstering-primary-care/>.



Harris provided the following reflection on her time 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:

“Pharmacy practice and the legislative world are very different. That being said, the experiences from working in clinical settings bring an invaluable perspective when considering implications of potential legislative policy. Pharmacy professionals have so many transferable skills that make them so versatile, so don’t be afraid to step outside of your comfort zone. Your voice is needed.”

The fellowship program, directed by VCU School of Pharmacy Associate Professor Kristin Zimmerman, was founded in 2006 under the leadership of ACCP’s C. Edwin Webb, Pharm.D., MPH, FCCP. Over the years, it has produced a [distinguished cohort of fellows](#) who have gone on to make impacts in the field of health care policy.

CMMI Announces MAHA ELEVATE Model and Encourages Clinical Pharmacy Proposals

The Center for Medicare and Medicaid Innovation (CMS Innovation Center or CMMI) has announced another new payment model, Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-Based Approaches Through Evidence ([MAHA ELEVATE](#)), to address chronic disease management. The model will provide around \$100 million to fund 3-year cooperative agreements for up to 30 proposals that promote health and prevention for Medicare beneficiaries. The proposals will use evidence-based, whole-person care approaches, including functional or lifestyle medicine interventions (eg, de-escalation and comprehensive clinical pharmacy services) currently not covered by Medicare. These approaches are intended to support, not replace, the medical care received by Medicare beneficiaries. Interventions tested in MAHA ELEVATE will inform future Medicare coverage determinations or potential future CMS Innovation Center models designed to improve the health of beneficiaries and cut health care costs.

Model Design

MAHA ELEVATE is the first Innovation Center model to focus on proactive, holistic, patient-centered functional or lifestyle medicine approaches to support conventional care. To promote wellness and prevent illness, the model combines psychological, nutritional, and physical interventions together with self-care strategies to address the whole person rather than individual disease. Critical areas of focus include nutrition, physical activity, sleep, stress management, harmful substance avoidance, and social connection.

The cooperative agreements will be awarded to organizations with experience in integrating and measuring the impact of such approaches to health and wellness, with scientifically documented improvements in health. Awardees will work with CMS to create a plan for data collection, quality, measurement, recruitment, and cost containment. All proposals must incorporate nutrition or physical activity as part of the design. Three awards will be reserved for interventions that address dementia.

MAHA ELEVATE recipients will be organizations that either provide whole-person functional or lifestyle medicine services directly to patients or partner with other organizations to deliver services. Eligible MAHA ELEVATE applicants may include:

- Private medical practices
- Health systems and [accountable care organizations](#)

- Academic organizations
- Functional, lifestyle, preventive, and integrative medicine centers
- Federally qualified health centers and rural health clinics
- Community-based organizations
- State or local governments
- Indian Health Service/Tribal Services/Urban Indian Programs
- Senior living communities

This model provides an opportunity for clinical pharmacists to submit proposals to advance comprehensive clinical pharmacy services or comprehensive medication management. To be selected, applicants must demonstrate that they are experienced in delivering these interventions and that the interventions are safe and effective for the target population and supported by peer-reviewed literature. In addition, they must demonstrate experience with data collection or the ability to accurately collect and report data in a timely manner, with appropriate beneficiary safeguards. Cooperative agreements will be awarded in 2 rounds for 2 separate cohorts—the first starting in 2026 and the second in 2027.

MAHA ELEVATE recipients will select a chronic condition or conditions and identify the interventions they will offer to their Medicare patients. Clinical pharmacists may consider prioritizing the conditions that include assessments of nutrition and physical activity as part of the pharmacist patient care process, or those integrated into a care team with additional resources to refer for additional consultation if needed.

CMS will release a Notice of Funding Opportunity (NOFO) in early 2026 for the first cohort, and the voluntary model will launch on September 1, 2026. For additional information and updates specifically about the MAHA ELEVATE Model, including the release of the NOFO, please subscribe to the [MAHA ELEVATE listserv](#).

ACCP Strategic Communications: Collaborating with Key Health Policy Stakeholders and Physician Groups

ACCP's legislative agenda is driven by its core values and [strategic plan](#), which specifically calls for a collaborative approach to the College's advocacy work. As the leading health professional organization advancing clinical pharmacy practice and research, ACCP has a team in Washington, D.C., that is committed to advancing collaborative initiatives with other key health policy stakeholders.

ACCP recently submitted targeted communications to [Capitol Hill](#) and to the [Medicare administration](#), urging integration of coverage for clinical pharmacy services for America’s older adults. These communications not only reflect ACCP’s strategic plan, but are also indicative of how its collaborative, patient-centered approach to medication optimization remains aligned with the strategic goals of key health policy stakeholders, including physician-led groups.

ACCP Champions Interprofessional Collaboration to Advance Patient Care

Essential to this collaborative approach to legislative work, ACCP continues to lead efforts in promoting team-based, interprofessional care through advocacy and practical resources that strengthen collaboration between physicians and clinical pharmacists.

Highlights from the 2025 ACCP Annual Meeting

At the 2025 ACCP Annual Meeting, a session titled “Improving Health Outcomes: Designing and Implementing Collaborations Between Clinical Pharmacists and Physicians” underscored the value and impact of collaborative practice. This program featured experts from the American Medical Association (AMA) and the University of Colorado, highlighting AMA’s Improving Health Outcomes initiatives, including the MAP Hypertension program. These initiatives align closely with ACCP’s position that integrating the expertise of clinical pharmacists into physician-led teams delivers superior patient care and improves health outcomes. Collaborative practice enables each health professional to contribute their own unique knowledge and skills, ensuring comprehensive, high-quality patient-centered care.

ACCP Releases Collaborative Practice Agreement Template

To further support these partnerships, ACCP has released a Collaborative Practice Agreement (CPA) template, designed to help institutions implement agreements that comply with state regulations while fostering integrated care. Collaborative practice is permitted in all 50 states, but requirements vary widely. The ACCP template addresses these differences by providing customizable language and guidance on key elements.

- Number and ratio of collaborative providers
- Duration of agreements
- Referral or prescription requirements
- Pharmacist qualifications

- Specificity of medications and laboratory orders required
- Filing requirements with regulatory bodies

Key Features of the ACCP CPA Template

Alignment with ACCP Policies: Reinforces the role of clinical pharmacists as medication experts within physician-led teams

Education and Training: Emphasizes residency-trained pharmacists who maintain competence through board certification

Integrated Care: Promotes ongoing communication and coordination between pharmacists and physicians

Flexibility: Adapts to meet state-specific and institutional requirements

This resource is available to ACCP members and reflects the organization’s commitment to advancing collaborative practice as a cornerstone of patient-centered care. Learn more and download the CPA template [here](#).

Primary Care Investment Guide Recommends Integrating Clinical Pharmacy in Advanced Primary Care

The Primary Care Collaborative (PCC) hosted a [webinar](#) in December 2025 highlighting the release of the Primary Care Investment Guide. Developed by the Harvard Medical School Center for Primary Care—with support from the California Health Care Foundation and the Commonwealth Fund—the guide demonstrates why greater and sustained investment in advanced primary care is essential to improving health outcomes.

The guide breaks down how advanced primary care services such as clinical pharmacy services, behavioral health integration, care management, population health and social needs interventions lead to better outcomes for patients. It brings together insights from more than 40 stakeholder interviews, case studies, spending analyses, and literature reviews, providing a better understanding of which primary care functions create the greatest value. It also includes a closer look at 5 states that are leading in the primary care investment space.

The guide states that the following 6 team-based services improve health outcomes, reduce costs, enhance patient experience, support workforce well-being, and advance equity:

Table 1. Impact of Advanced Primary Care Services

APC Service	Insights from Health Organization Leadership		Evidence of Impact on Cost/Utilization from the Literature (n)
	Impacts on Cost/Utilization	Other Reported Impacts	
Behavioral Health Integration	↓ ED visits ↓ readmissions	Improved depression/anxiety management; ↑ PCP confidence; ↓ clinician burden; ↑ access for vulnerable patients	Limited evidence (8)
Clinical Pharmacy Services	↓ ED visits cost savings	Improved diabetes/hypertension control; ↑ adherence; ↓ PCP workload	Strong (33)
Care Management	↓ hospitalizations ↓ re-admissions	Improved chronic disease control; Better follow-up after discharge; ↑ continuity; ↓ provider burden	Moderate (39)
Population Health	↑ revenue from meeting incentives ↓ hospitalizations and readmissions from RPM	Improved screening; improved chronic disease outcomes; ↓ care gaps; ↑ equity ; ↓ burnout; ↑ job satisfaction	Moderate* (11)
Social Determinants of Health	↓ ED visits for social crises	↑ access to supports; ↑ engagement; ↑ family stability; ↑ provider satisfaction	Limited evidence (1)
E-Consults	↓ unnecessary referrals	Faster clinical decision-making; ↑ access; ↑ provider and patient satisfaction; Enhanced PCP capability	Limited, but Strong (8)

Courtesy of Amie Alley Pollack at Harvard Medical School

- **Embedded Clinical Pharmacists** to optimize medication management and chronic disease control
- **Behavioral Health Integration**, including the Primary Care Behavioral Health model and the Collaborative Care Model
- **Care Management** for patients with complex medical or social needs
- **Population Health Programs** that use data to close care gaps and proactively manage chronic disease
- **Social Determinants of Health and Disparities Initiatives**, including systematic screening and community health worker support
- **eConsults**, enabling rapid, specialist input and reducing avoidable referrals

Of these 6 team-based services, only clinical pharmacy services showed a strong level evidence of impact from the literature.

The Investment Guide details how policymakers, employers, provider organization leadership, practices and health plans can holistically assess, plan and prioritize investments, in particular the integration of clinical pharmacy services, in team-based advanced primary care services.

[Click here](#) to access the executive summary and recommendations.

[Click here](#) to access the full report.

Your ACCP-PAC Contributions Help Elect Members of Congress Who Share ACCP’s Values



[Click here](#) to contribute now, or read on to learn more about how ACCP-PAC helps advance ACCP’s advocacy efforts in Washington, DC.

Why Does ACCP Have a PAC?

In 2010, the ACCP Board of Regents decided to establish ACCP-PAC to allow the College to be active in supporting the campaigns of members of Congress who share ACCP’s core values and policy vision, just as the College is active in asking for the support of these elected officials in helping to advance 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 & Means and Energy & Commerce committees and, in the Senate, the Finance and the Health, Education, Labor & Pensions committees.

How Does the College Decide Which Candidates to Support?

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

Next Steps

Even if you didn't get to participate in the 2025 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.