



ACCP Advocacy in Action Newsletter



Connecting Evidence, Policy, and Advocacy to Advance Clinical Pharmacy



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Standing Up for Clinical Pharmacy on Capitol Hill: ACCP DC-Area Chapter Annual Advocacy Day



Left to Right: Saad Shaafi, VCU School of Pharmacy; Lisa Peters, Pharm.D., Clinical Specialist Pharmacist, Advanced Heart Failure and Heart Transplant at MedStar Washington Hospital Center; Tiffany Tseng, Pharm.D., RPh, District Support Pharmacist, CVS Health; Erin Morgan, Pharm.D., BCPS, BCOP, CPGx, Clinical Pharmacist, Hematology/Oncology at MedStar Washington Hospital Center; Antoinette Muirhead, Historian, ACCP Chapter at Howard University College of Pharmacy; Christopher Bratcher, Howard University College of Pharmacy Student Council (CPSC) Executive President; Imani Akram, President, ACCP Chapter at Howard University College of Pharmacy; Selina Davis, Vice President, ACCP Chapter at Howard University College of Pharmacy; Ivan Mbami, Treasurer, ACCP Chapter at Howard University College of Pharmacy.

On March 27, 2025, ACCP's Government Affairs office welcomed clinical pharmacists from the DC-Area College of Clinical Pharmacy for the Annual Capitol Hill Lobby Day. Thank you to our volunteer leaders from D.C., Maryland, and Virginia for making this exciting event possible! Building on our experience holding virtual lobby days during the pandemic, the 2025 event was made available to members as an in-person/virtual hybrid effort.

Our 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 College of Clinical Pharmacy and has organized the DCCCP Advocacy Day on Capitol Hill for more than 10 years.

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

The group then met in person on the first morning of the event at ACCP's Washington, D.C., offices for an overview of ACCP's advocacy platform, the current legislative environment, and the congressional lobbying process. Our group included student pharmacists from the Howard University and Virginia Commonwealth University schools of pharmacy. Putting our message of collaboration into advocacy practice, we were pleased to welcome Tiffany Tseng, Pharm.D., representing the Washington Metropolitan Society of Health-System Pharmacists.

From there, we made our way up Pennsylvania Avenue NW to enjoy lunch at the cafeteria in the Rayburn House Office Building on Capitol Hill before meeting with Rep. Jamie Raskin (D-MD) and Sen. Chris Van Hollen (D-MD).



DC College of Clinical Pharmacy members on
Capitol Hill.

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

Consistent with ACCP's advocacy priorities, our 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, we urged elected officials to cosponsor legislation to protect critical federal funding for pharmacy and nursing residency programs. The Rebuild America's Health Care Schools Act of 2025 ([S. 1087](#), [H.R. 1708](#)) would clarify the requirements that hospitals and health systems meet to receive Medicare reimbursement for operating health care residency programs and require CMS to cover ALL direct and indirect costs associated with the training of a nursing and allied health education participant—including pharmacy residents—incurred by a hospital participating program.



Thank you, DCCCP!

ACCP would like to thank the leadership of the DC Chapter for their hard work and commitment to ACCP's advocacy agenda. Any ACCP Chapter or individual member interested in visiting Washington to lobby on Capitol Hill should contact our Washington office, where we can help facilitate and support your advocacy efforts.

ACCP and the Primary Care Collaborative: Collaborating with Our Physician Colleagues to Advance Coordinated, Team-Based Primary Care

For almost 2 decades, ACCP has served on the [Executive Committee](#) of the Primary Care Collaborative (PCC). [PCC is the leading national, nonpartisan, and multi-stakeholder voice](#) advocating for better health and well-being for all Americans by strengthening primary care. The PCC was launched in 2006 by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association to transform health care delivery by helping policymakers and industry leaders promote a stronger primary care structure, with a particular emphasis on payment policies recommended by the National Academies of Sciences, Engineering, and Medicine.

Pharmacists and Physicians Advocating for Patients

ACCP is the only professional pharmacy association represented on the PCC Executive Committee. Our investment in PCC provides ACCP with a unique forum to participate in collaborative advocacy initiatives with our physician colleagues and other key health care stakeholders.

In recognition of proposed federal funding cuts to national and state health programs, ACCP participated in an advocacy effort urging congressional leaders to reject proposals that destabilize primary care and undermine efforts to address America's chronic disease crisis. [Click here](#) to read a letter sent April 25, 2025, to congressional leaders.

Background to PCC

ACCP's early leadership in PCC led to the development of the PCC Medication Management Task Force and subsequent publication of the Comprehensive Medication Management Resource Guide to support the integration of comprehensive medication management into patient-centered medical homes (PCMHs).

The resource guide was developed to provide a framework for integrating comprehensive medication management within the PCMH as part of the practice redesign needed when individual and group practices transform into the PCMH. This guide also reinforces the need for payment reform to support the PCMH to include payment for comprehensive medication management as an essential professional activity for effective integrated care. [Click here](#) to read the PCC CMM Resource Guide.

Primary Care Collaborative Webinar—Managing Chronic Conditions with Team-Based, Whole-Person Primary Care Starring ACCP member Tom Bateman, Pharm.D., BCACP!



On May 20, the Primary Care Collaborative (PCC) hosted a webinar to show how a team-based, whole-person approach to care could leverage the expertise of primary care, behavioral health, and clinical pharmacy to better support patients with chronic conditions. The webinar featured many speakers, including ACCP member Tom Bateman, Pharm.D., BCACP. To watch the webinar, scan the QR code or click this link: <https://thepcc.org/webinar/managing-chronic-conditions-with-team-based-whole-person-primary-care/>.



Managing Chronic Conditions with Team-Based, Whole-Person Primary Care

1:00 PM ET, May 20, 2025

ACCP Statement to House Committee on Energy and Commerce: Non-optimized Medication Use Is a \$528 Billion Problem

On February 25, 2025, the US House of Representatives voted to advance [H. Con. Res. 14](#), a budget resolution that sets spending and revenue targets for the federal budget through which Congress can begin to appropriate federal funds. Of note, the budget resolution instructs legislative committees to identify \$880 billion cuts in several areas of domestic spending. In response, ACCP submitted a letter to the House Committee on Energy and Commerce identifying \$528 billion annually in potential savings through optimizing patients' medication use.

ACCP's letter to Energy and Commerce Committee Chair Brett Guthrie (R-KY) cited evidence that non-optimized medication use accounts for \$528 billion in wasteful spending every year—equivalent to 16% of total health care expenditures¹—and urged Congress to integrate Medicare coverage for comprehensive clinical

pharmacy services as part of the effort to fulfill the obligations of the Energy and Commerce Committee under the House Budget resolution. [Click here](#) to read ACCP's letter to Representative Guthrie.

Capitol Hill Strategy—GOP Doctors Caucus

Both independently and as part of multi-organizational coalitions, ACCP has been active on Capitol Hill, holding meetings with some of the leading offices serving on the legislative committees with jurisdiction over Medicare:

- Senate Committee on Finance
- House Committee on Energy and Commerce
- House Committee on Ways and Means

In particular, ACCP has been having productive conversations with members of the [GOP Doctors Caucus](#)—composed of medical providers in Congress who work to develop patient-centered, patient-driven health care reforms focused on quality, access, affordability, portability, and choice. Targeting these offices provides ACCP with a forum to respond to questions over the “[scope creep](#)” advocacy campaign of the American Medical Association (AMA). By highlighting the [Standards of Practice for Clinical Pharmacists](#) and the collaborative process of care that clinical pharmacists perform on behalf of patients, ACCP's team in Washington, D.C., believes there is an opportunity to enhance the College's collaborative advocacy work with medical societies, including the AMA.

ACCP Letter to HHS Secretary Robert F. Kennedy Jr

In keeping with typical Washington protocol, ACCP submitted a letter of introduction, welcoming Robert F. Kennedy Jr as secretary of the Department of Health and Human Services. [Click here](#) to read ACCP's letter to Secretary Kennedy.

Reference

1. Watanabe JH, McInnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother*. 2018;52(9):829-837. <https://doi.org/10.1177/1060028018765159>

ACCP-PAC on Capitol Hill

ACCP-PAC is the political voice of the clinical pharmacy profession. It is the only federal political action committee dedicated specifically to advancing the practice of clinical pharmacists and the care of their patients. As the 119th Congress gets underway on Capitol Hill, ACCP-PAC has been active in its bipartisan support for members of Congress who have demonstrated leadership on issues important to ACCP members, such as Medicare funding for pharmacy residencies.

Through your support for ACCP-PAC, the College can attend fundraising events that provide a unique setting in which to educate representatives and senators about the essential work of clinical pharmacists in improving medication outcomes on behalf of patients.

About ACCP-PAC

ACCP's political action committee (PAC) allows the College to participate in political campaign activities that strengthen its relationships with key policymakers on Capitol Hill. Providing financial support to influential leaders helps raise the profile of clinical pharmacy and demonstrates ACCP's ideological commitment to its core mission.

To maximize its impact, ACCP must be strategic in targeting its limited resources on the health policy leaders best placed to advance the College's agenda. Here's how ACCP's leaders decide who should receive financial support.

Consistent with all of ACCP's initiatives, ACCP-PAC is member driven and is managed by a [Governing Council](#), which is responsible for decisions related to how PAC money is spent.

- ACCP-PAC is nonpartisan—committed to working with health policy leaders across all political parties and ideologies.
- ACCP-PAC supports candidates on the basis of their alignment with ACCP's mission to advance the profession and improve human health through research, training, and education.
- ACCP-PAC strategically targets members of Congress who sit on committees with jurisdiction over health care. In the Senate, ACCP-PAC primarily supports members on the Finance Committee and the Health, Education, Labor and Pensions (HELP) Committee. In the House, ACCP-PAC focuses on those who sit on the Ways and Means Committee and the Energy and Commerce Committee.
- ACCP-PAC is committed to transparency—all contributions are reported to the [Federal Election Commission](#), and the information is available to the public.

It is vital that ACCP be able to provide support to its friends in Congress so that these leaders remain in Washington to advance policies that meaningfully address the health care issues our nation currently faces.

PAC contributions are a constitutionally protected part of our political system under the First Amendment's guarantee of free speech. ACCP-PAC is the only means through which the College can provide financial support

for candidates for Congress. With its nearly 16,000 members, ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, we need the widespread support of our membership. All ACCP members should consider contributing at least \$25 to ACCP-PAC. [CLICK HERE](#) to support your PAC today!

Protect Federal Funding for Pharmacy Residency Programs: Rebuild America's Health Care Schools Act of 2025

Recent Centers for Medicare & Medicaid Services (CMS) actions have subjected pharmacy residency programs to *funding disallowances*—retroactive clawbacks of Medicare reimbursement for program operators' costs. Specifically, since 2019, pharmacy residency programs across the country have been hit with arbitrary cost disallowances on the basis of cost accounting procedures that had been acceptable in previous years and/or to different auditors, even though there have been no regulatory changes to the funding mechanism.

Medicare Administrative Contractors (MACs) have disallowed costs given details such as off-site rotations (a staple of residency programs) and the name on a program's diploma/certificate.

Many of these cases involve arbitrary and inconsistent application of cost-reporting requirements. CMS staff have verbally acknowledged that the factors MAC auditors have used to challenge residency funding are inconsistent with CMS's intent, yet CMS has failed to provide clarifying guidance in writing.

Congress has introduced bipartisan legislation to protect critical federal funding for pharmacy and nursing residency programs. The Rebuild America's Health Care Schools Act of 2025 ([S. 1087/H.R. 1708](#)) would clarify the requirements that hospitals and health systems must meet to receive Medicare reimbursement for operating health care residency programs, including pharmacy residency programs.

Call to Action

[Click here](#) to tell Congress to protect pharmacy residency funding!

We are calling on ACCP members to write to Congress to urge support for this issue. ACCP has created a [prefor-matted email template](#) that allows you to automatically send a letter to your US senators and representative, according to your home address. This streamlined process ensures that it will take less than 2 minutes to make a meaningful impact by expressing your views on this important issue.

ACCP Supports Pharmacy Residents to Attend Primary Care Conference

On June 4 and 5, the Primary Care Collaborative (PCC) hosted its annual conference, [Scaling What Works for Better Health](#), convening leaders from across the health care landscape for compelling conversations exploring how innovative new approaches to primary care delivery and payment can successfully be scaled. This event offered opportunities to gain educational experience, network with health care community leaders, and uncover key insights within the industry. Through the Supporting Scholarship Sponsorship, ACCP supported the next generation of clinicians by sponsoring the attendance of 2 primary care clinicians in training, Amy Hu, Pharm.D., and Amanda Murray, Pharm.D.



Amanda Murray and Amy Hu at the PCC Annual Conference.

Hu earned her Pharm.D. degree from Rutgers University in New Jersey. She completed a PGY1 managed care residency at Humana, where she developed population health initiatives through the lens of an integrated pharmacy benefit manager. After residency, she worked on the Pharmacy Stars Innovation team designing clinical programs to improve Medicare Star Ratings. She is currently completing a PGY2 ambulatory care pharmacy residency at the University of Maryland to learn more about the clinical and operational nuances of patient care and work toward her mission in improving the health care experience.

Murray is a 2024 graduate of St. John's University in Queens, New York, with interests in ambulatory care and community advocacy. Murray recently completed a PGY1 community-based pharmacy residency with Riverside Health and will be continuing postgraduate training at VCU School of Pharmacy as a PGY2 ambulatory care pharmacy resident. Murray has experience working with patients in both primary and memory care settings and has previously supported remote patient

monitoring initiatives for chronic disease states such as hypertension, heart failure, diabetes, and COPD.

We asked Hu and Murray about their experience when attending the PCC conference, and they had this to share:

What new learnings or perspectives did you gain from the conference?

Hu: Attending the Primary Care Collaborative conference was a unique and enriching experience that deepened my understanding of the collective effort required to advance primary care. With representation from providers, payers, health tech companies, and advocacy groups, the conference offered a well-rounded perspective on the theme of scaling what works for better health. My biggest takeaway was the urgent need to accelerate payment reform in primary care. This insight left me inspired to further explore how policy and advocacy can support sustainable, value-based primary care.

Murray: As I reflect on the incredible time at the 2025 Primary Care Collaborative conference, some perspectives that continued to shine throughout the conference were the idea of “grass roots” advocacy and that “no one cares how much you know until they know how much you care.” As clinical pharmacists, we are positioned well to be integrated into every primary care practice across the nation through the focus on team-based care. As more and more patients begin to see their pharmacist alongside their primary care provider in the community, we have high potential to influence positive change on the model of care for family medicine and beyond.

How has this experience influenced your goals or approach to your residency training and future work?

Hu: This experience has significantly influenced my goals and approach to post-residency by reinforcing my commitment to bridging the gap between payers and providers. Having worked in both patient care and managed care, I've gained a unique perspective on the challenges faced by each group—from time constraints and reimbursement hurdles on the provider side to data reporting and scalability concerns on the payer side. As I move forward in my career, I am driven to leverage my background to advance population health initiatives in ambulatory care, particularly through sustainable reimbursement models. Additionally, I aim to support the expansion of medical billing for pharmacist services to ensure the longevity and integration of pharmacy in team-based care.

Murray: This experience has strengthened my goal to continue working within primary care in addition to influencing my approach to collaboration. Yes, it is important to work with other pharmacists to promote the work we do, but this conference exemplified the importance of pharmacy presence amongst primary care and other providers. As I move into this next residency year and continue my professional journey, a primary focus of mine will be on building relationships outside of the pharmacy world to expand advocacy efforts for clinical pharmacy at large.

ACCP looks forward to providing this sponsorship opportunity again if PCC continues to offer it in the coming years. Invitations are extended to pharmacy residents according to their area of interest (ambulatory or primary care), current ACCP membership status (resident or residency program director), and ability to travel to Washington, D.C., for the 2-day conference. We would like to thank Drs. Hu and Murray for taking the time away from the last month of their busy residency programs to participate in this unique opportunity with the PCC.



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