



June 18, 2025

[submitted via providerinput@help.senate.gov]

The Honorable Bernard Sanders
332 Dirksen Senate Office Building
U.S. Senate
Washington, DC 20510-2105

Dear Senator Sanders:

The American Pharmacists Association (APhA) would like to thank you for the opportunity to [provide feedback](#) from the nation's pharmacists on the impact provisions of the House-passed reconciliation package will have on patients and the pharmacy profession. In response to your questions, please see the answers below:

How would the health care provisions in the House reconciliation bill impact your ability to care for patients?

The health care provisions in the reconciliation bill would impair pharmacists' ability to care for Medicaid patients. Provisions such as Section 44108, which mandates more frequent Medicaid eligibility redeterminations, and Section 44141, which imposes Medicaid work requirements, will likely cause many patients to lose coverage. Pharmacies are often the first point where patients learn they have lost Medicaid coverage, typically at the pharmacy counter, creating confusion, increasing administrative burdens, and disrupting access to medications.

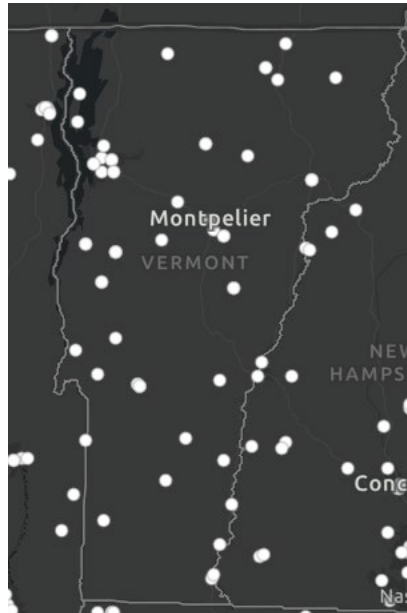
Additionally, Section 44123, which mandates participation in the national average drug acquisition cost (NADAC) survey, is expected to cause a potential permanent reduction in medication ingredient cost reimbursement rates, severely threatening the sustainability of community pharmacies. Many pharmacies already operate on razor-thin margins and would be forced to reconsider carrying essential medications if reimbursement rates fall below acquisition costs. These cuts would ultimately limit patient access to essential medications, particularly in rural and underserved areas.

Would the proposed cuts to Medicaid and the ACA require you to cut back on clinical staff, services, or care delivery? Please explain if possible.

Yes. The pharmacy profession is likely to experience a reduction in workforce capacity and a decline in patient services. This will come at an already challenging time for the pharmacy profession, as there have been widespread [pharmacy closures](#) and [bankruptcies declared](#) by major pharmacy businesses across the country. Lower reimbursement rates from mandated NADAC reporting (Section 44123) and the lack of required fair dispensing fees across payers will force many pharmacies, particularly independents, to

reduce staff, cut clinical services, or potentially even close entirely. Pharmacies may be forced to prioritize only the most cost-effective services, potentially eliminating value-added care such as medication therapy management services, point-of-care testing, or vaccinations for certain populations.

For example, here are the pharmacy closures in Vermont between January 2014 and March 2024:



What do you think will be the overall effect of the health care provisions in the House reconciliation bill on the American people?

The inclusion of Sections 44124 and 44305 takes notable steps to rein in the anticompetitive practices of pharmacy benefit managers (PBMs) by prohibiting spread pricing in Medicaid-managed care and delinking PBM profits from prescription drug prices. Additionally, it requires transparent and fair reimbursement (Medicaid fee-for-service rate) in all state Medicaid-managed care programs, beginning 18 months after enactment. These provisions would help to stabilize the pharmacy business model and prevent further pharmacy closures, which would negatively impact the American people.

While some provisions of the House reconciliation bill would benefit health care access, there are additional provisions that would negatively impact health care access. The bill would likely lead to increased uninsurance, care fragmentation, and reduced access to medications. The CBO has [projected](#) 5.5 million fewer individuals will be covered under Medicaid and 2.4 million more will become uninsured by 2034 as a result of Section 44111. Pharmacies serve as one of the most accessible health care entry points for underserved communities. When patients lose coverage or are removed due to eligibility redeterminations or work requirements, pharmacists must often explain the situation and navigate complex administrative systems, further straining pharmacy staff and delaying care.

While Section 44124 would increase reimbursement to pharmacies by being paid at the Medicaid fee-for-service rate in Medicaid-managed care programs, Section 44123 would likely decrease medication ingredient cost reimbursement for Medicaid programs that use the NADAC benchmark, resulting in a mixed effect for pharmacies. As more pharmacies continue to close across the country and expand

pharmacy deserts, APhA urges Congress to advance provisions that ensure fair and sustainable payment to pharmacies, so the American people do not continue to lose access to their medications and pharmacists.

Would Medicaid work requirements, more frequent Medicaid eligibility reviews, and more burdensome documentation requirements associated with enrollment in ACA coverage require you to hire specialized administrative staff? If so, how many staff members do you anticipate hiring?

While many community pharmacies do not have the resources to hire dedicated administrative staff, the added burden from provisions like Sections 44108 and 44141 would force pharmacy teams to spend more time handling insurance issues, representing an unfunded mandate on our nation's already struggling community pharmacists. This may mean hiring part-time staff in larger operations or shifting pharmacists' time away from patient care services. Independent and rural pharmacies, already strained, would likely absorb these tasks without support, increasing the risk of burnout and reduced patient care service availability.

How many additional hours of paperwork do you anticipate having to complete on behalf of patients to help them keep their insurance coverage?

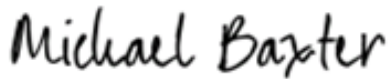
While the exact hours vary by pharmacy size, anecdotal reports suggest that even during the previous Medicaid redetermination process, pharmacists and pharmacy personnel spent a significant amount of time calling Medicaid, restocking prescriptions, and explaining the loss of coverage to confused patients. These burdens are expected to grow substantially under new work requirements and redetermination rules, particularly affecting populations and individuals with fluctuating employment.

How will rescinding the eligibility and enrollment regulations impact seniors, people with disabilities, and children? Will it result in higher premiums, higher out-of-pocket costs, and higher uninsured rates for these populations?

Rescinding streamlined eligibility and enrollment processes (Sections 44101–44104) will make it more difficult for vulnerable populations to maintain continuous Medicaid or CHIP coverage. Pharmacists will bear the brunt of communicating this to patients, particularly seniors and caregivers of children, who may be unaware of their status changes until they are denied medications. This will likely result in higher rates of prescription abandonment, worsened health outcomes, and increased emergency care usage.

APhA deeply appreciates your focus on these important and urgent issues. APhA, and the pharmacy community looks forward to working with your office and other members of the Committee to improve the [House-passed reconciliation bill](#) and address the many issues impacting patients' continuity of care. As APhA has previously mentioned, our nation's pharmacists will encounter increased administrative burdens from several of the provisions included in the House-passed reconciliation bill and pharmacists are one of the only health care providers who will need to explain to patients why their prescribed medications are no longer covered under Medicaid. As such, APhA strongly urges you and your Senate colleagues to modify these proposals to protect patients' access to their trusted, local community pharmacists. APhA welcomes and encourages Senator Sanders to meet with us to discuss these many issues facing our nation's pharmacists and our patients. Please contact Doug Huynh, Director, Congressional Affairs at dhuyh@aphanet.org with any additional questions and/or to arrange a meeting with us.

Sincerely,

A handwritten signature in black ink that reads "Michael Baxter". The script is cursive and fluid, with the first letters of each word being capitalized and slightly larger than the rest of the letters.

Michael Baxter

Vice President, Government Affairs

About APhA: APhA is the largest association of pharmacists in the United States, advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. **In Vermont, with 530 licensed pharmacists and 770 pharmacy technicians, APhA represents the pharmacists and student pharmacists who practice in numerous settings and provide care to many of your constituents.** As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.