

## **AAPP Federal Advocacy Highlights in 2024**

By Laura Hanen, Senior Policy Advisor, Venable LLP

In 2024, AAPP continued to build on its advocacy efforts including outreach and engagement with legislators, regulators, and partner organizations and weighing in on issues impacting the membership. Throughout the year, AAPP worked to advance the policy priorities outlined in the 2024 [Health Policy Agenda](#). This included annual Hill visits by AAPP's Board, Government Affairs Committee, and Public Affairs Committee educating congressional staff on the role of psychiatric pharmacists and advocacy priorities. As the new year begins, we look back on the many advocacy activities AAPP was engaged in last year with the expectation that 2025 will be action packed and full of opportunity to educate and promote the vital work of psychiatric pharmacists. Highlights include:

- **Pharmacist Scope of Practice**

AAPP supported activities that will open the door to payment to pharmacists for patient care services. This included collaborating with national pharmacy organizations on two work streams. The first, is the Equitable Community Access to Pharmacy Services ([H.R. 1770/S. 2477](#)) that would allow pharmacists to provide patient care and receive reimbursement for evaluation and management of patients for testing and treatment for COVID-19, influenza, RSV, or strep throat, as well as vaccines for pneumococcal disease, COVID-19, influenza, or hepatitis B. Support for the bills continues to grow with 148 cosponsors in the House and 29 cosponsors in the Senate. The House bill has been championed by leaders on the House Ways and Means Committee who sought to pass it in committee but ultimately could not overcome opposition by physicians on the committee. Reintroduction and passage of the legislation is expected to be a priority for pharmacy organizations in the new Congress.

The second work stream is an on-going collaboration with the Hematology/Oncology Pharmacy Association, American College of Clinical Pharmacy, and Society of Infectious Diseases Pharmacists on a strategy to pursue legislation to establish a CMMI demo to pay for clinical pharmacist services as part of a care team. Activities are expected to pick up in the new year.

- **Clozapine REMS**

AAPP continued to raise concern and the need for changes to the Clozapine Risk Evaluation and Mitigation Strategy (REMS) to minimize burden on patients, pharmacies and prescribers while maintaining safe use of clozapine. This included raising the issue in Congressional visits as well as with the FDA. AAPP collaborated with the American Psychiatric Association and a [coalition](#) of other national organizations urging FDA to reconsider the highly restrictive REMS as well as providing input to FDA on a joint meeting of the agency's Drug Safety and Risk Management Advisory Committee and Psychopharmacologic Drugs Advisory Committee on November 19. Three AAPP Past Presidents participated in the meeting that resulted in the joint committees voting 14-1 to dismiss the clozapine REMS protocol, citing it as a barrier to access. FDA is taking this into consideration as it decides upon next step that could include changes to the REMS or retiring the REMS. This issue will continue to be a priority for AAPP in the new year.

- **Maintaining Pandemic Telehealth Flexibilities**

AAPP has weighed in with [Congress](#) and [CMS](#) to take action to ensure that the Medicare telehealth flexibilities granted during the COVID-19 public health emergency (PHE) don't expire on December 31, 2024. AAPP commented on the now final [2025 Physician Fee Schedule](#) that includes an extension of a few flexibilities within CMS' authority through the end of 2025, which makes the use of audio-only communication permanent, allows certain practitioners to virtually supervise auxiliary personnel via

telehealth, and permits teaching physicians to be present virtually during telehealth services involving residents. Congress must do the heavy lifting to extend most of the flexibilities and was only able to continue the flexibilities through March 14, 2025 as part of a larger federal funding package thus requiring continue advocacy in early 2025.

AAPP also [advocated](#) for the continuation of the flexibilities for the teleprescribing of controlled substances instituted during the COVID public health emergency by the DEA that have been [extended](#) for the third time through December 31, 2025. This provides DEA additional time to issue a new proposed rule to establish a special registration process per the Ryan Haight Act of 2008 or finalize policies for when the practitioner and the patient have not had a prior in-person medical evaluation. This will continue to be a priority for AAPP in the new year.

- **Expanding Access to Methadone**

AAPP has also been working with partners, including the American Society of Addiction Medicine, to gain support for the Modernizing Opioid Treatment Access Act or M-OTAA ([H.R. 1359/S. 644](#)) that has 70 cosponsors in the House and 12 in the Senate. This includes developing a [fact sheet](#) on the bill and an issue brief on [Methadone versus Buprenorphine](#) for use in educating Congressional offices. While the bill passed out of the Senate Labor, Health, Education and Pensions (HELP) Committee last year no action was taken in the House. AAPP will be working with its partners to reintroduce the bill in the new Congress.

- **Mental Health Parity Regulations**

AAPP [advocated](#) for regulations to be finalized to implement the Mental Health Parity and Addiction Equity Act (MHPAEA) that became law in 2008. In September, the Departments of Health and Human Services, Labor, and Treasury released the [final rule](#). The rule includes additional protections against nonquantitative treatment limitations (NQTs) for mental health and substance use disorder benefits as compared to medical/surgical (M/S) benefits such as prior authorization requirements and standards related to network composition. The rule also clarifies and provides additional information needed for plans and issuers to meet their obligations under the law and for DOL, HHS, Treasury and states to enforce those obligations. AAPP also joined [comments](#) to CMS on parity guidance and template documents for Medicaid and CHIP.

- **Partner Engagement**

AAPP continues to actively engage with other national organizations and coalitions to advance common policy priorities. This includes participation in the [Mental Health Liaison Group](#), made up of over 70 national organizations and two of its workgroups - the Behavioral Health Workforce Workgroup and the Bidirectional Integrated Care Workgroup. AAPP also takes part in the [Joint Commission of Pharmacy Practitioners](#) and weekly policy calls. In the Spring, AAPP member Jennifer Dress presented on the [Partnership for Part D Access](#) virtual Congressional briefing [Beyond Labels: Safeguarding Patient Access to Vital Medications in Mental Health Advocacy](#). AAPP will continue to collaborate with our partners to lift up the practice of clinical pharmacy and seek policy solutions related to mental health and substance use disorders.