

May 6, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services (CMS)
200 Independence Ave, SW
Washington, DC 20201

RE: Meeting Request to Discuss Opportunities to Maximize Pharmacists as Deprescribing Leaders

Dear Administrator Oz,

Following this week's Mental Health and Overmedicalization Summit, the American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), and the American Association of Psychiatric Pharmacists (AAPP) write to request an urgent meeting with you and your team to discuss the opportunity for CMS to capitalize on the role of our nation's pharmacists in deprescribing.

As Secretary Kennedy [stated](#) at the Summit, the "Centers for Medicare & Medicaid Services is issuing billing guidance that allows physicians to get paid for deprescribing work for the first time." CMS has also issued an [FAQ](#) stating "...pharmacists can provide services incident to the professional services of a physician or non-physician practitioner just as other clinical staff may do." This is a unique opportunity to maximize the role of our nation's pharmacists who have led deprescribing on patient care teams for over a decade. **Studies have shown that pharmacist-led deprescribing results in better patient care, including meaningful reductions in medication-related and healthcare costs.¹ There is high acceptance of pharmacists' deprescribing recommendations, with one study finding that 96.7% of them were accepted by the patient's primary care provider, resulting in a potential annualized cost avoidance of \$184,221 across 63 patients.²**

Your [Dear Colleague letter](#) states that deprescribing "is not synonymous with abrupt discontinuation or blanket medication reduction ..., it is a deliberate, individualized clinical process that may be appropriate when treatment goals have been met, when adverse effects or

¹ See Fatemah Zakariya Ashkanani, et al., *The Role of Pharmacists in Deprescribing Benzodiazepines: A Scoping Review*, 12 Exploratory Research in Clinical and Social Pharmacy 100328 (2023). Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10511800/>. See also Ciaran McAdam, et al., *Pharmacist-Led Deprescribing Interventions for Cancer Patients in a Specialist Palliative Care Setting*, 33 Supportive Care in Cancer 321 (2025). Available: <https://pubmed.ncbi.nlm.nih.gov/40138032/>. See also Alina Cernasev, et al., *The Role of U.S. Pharmacists in Deprescribing: Recommendations Based on a Systematic Literature Review of Qualitative Studies*, 19 Exploratory Research in Clinical and Social Pharmacy 100625 (2025). Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12270006/>.

² Emily Rea, et al., *Pharmacist-Driven Deprescribing Initiative in Primary Care*, 64 *Advances in Pharmacy Practice* 102161. Available at: <https://www.japha.org/article/S1544-3191%2824%2900182-1/fulltext>.

polypharmacy create unnecessary burden, when a medication has not provided meaningful benefit after an adequate trial, or when a patient's informed preferences favor a carefully monitored taper."³ All pharmacists are uniquely trained to ensure that patients are prescribed appropriate medications and understand how to use them effectively. Board Certified Psychiatric Pharmacists can serve an expanded role in managing and optimizing medication regimens for individuals with complex mental health conditions.⁴ As part of regular pharmacy practice, pharmacists make evidence-based recommendations to prescribers to discontinue duplicate or unnecessary medications, substitute medications due to adverse effects or contraindications, and suggest tapering medications that should be used only for short durations.

Your letter also states that these decisions should be individualized and not undermine the continuity of care. Given that pharmacists sit at the junction between prescribers and patients accessing prescription medications, pharmacists are in a prime position to implement such changes at the individual patient level and communicate them to the patient's other providers.

The current Medicare billing framework fails to maximize the value of pharmacist-provided services to the overall health care system because it does not permit physicians and non-physician practitioners to bill for these services appropriately.⁵ **CMS has the authority to change incident to billing decisions right now.**⁶ As you recently stated in Davos,⁷ and at the CMS Quality Conference,⁸ "Why don't we use pharmacists better?" With your help, we can utilize our nation's pharmacists in line with their full state licensure and training to meet patient needs, provide better care, and, most importantly, save lives for those with mental health conditions and substance use disorders.

APhA and ASHP thank you for your continued leadership and commitment to improving patient health through the utilization of pharmacist-provided patient care services. Please contact Michael Baxter, Vice President of Government Affairs, at mbaxter@aphanet.org to

³ Dear Colleague Letter: Psychiatric Medication and Non-Pharmacological Treatments, CMS, ACF, HRSA, SAMHSA (May 4, 2026). Available at: <https://www.samhsa.gov/sites/default/files/dcl-psychiatric-medication-nonpharmacological-treatments.pdf>.

⁴ *Psychiatric Pharmacy Specialty Certification (BCPP)*, Board of Pharmacy Specialties. Available at: <https://bpsweb.org/psychiatric-pharmacy/> (highlighting the additional requirements for pharmacists to become Board Certified Psychiatric Pharmacists).

⁵ CMS recognized in the calendar year 2021 physician fee schedule (PFS) final rule (FR 84583) that "pharmacists could be considered QHPs [qualified health care professionals] or clinical staff, depending on their role in a given service," and that "new coding might be useful to specifically identify these particular models of care." However, CMS restricted physicians' and nonphysician practitioners' (NPPs) from utilizing pharmacists under incident to models to bill at the lowest E/M code (99211), with an estimated time commitment of 7 minutes. This restriction has diminished providers' engagement with pharmacists in team-based care models across the country and hinders the Secretary's deprescribing efforts.

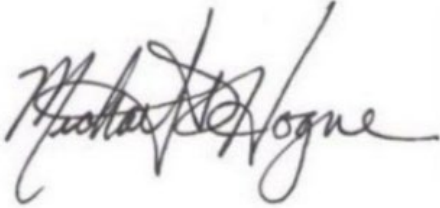
⁶ Pharmacists also face barriers in enrolling in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS). While pharmacists are not currently recognized as qualified health professionals under Medicare Part B, many pharmacists provide state-authorized patient care services to Medicare beneficiaries. Preventing pharmacists' enrollment in PECOS impedes their ability to practice at the top of their license and can further delay care. These delays result in worsening symptoms and increased disengagement from services for patients with mental health conditions and substance use disorders.

⁷ Dr. Mehmet Oz on Fixing American Healthcare + Fraud | Live from Davos, All-In Podcast 23:55 (Jan. 24, 2026). Available at: <https://www.youtube.com/watch?v=b5p40OuTTW4&t=1435s>.

⁸ Dr. Mehmet Oz, *Opening Remarks from the CMS Administrator*, 19:42, CMS Quality Conference, Baltimore, MD (Mar. 16, 2026). Available at: <https://www.cmsqualcon.com/en/past-conference-2026>.

arrange a convenient time to discuss these critical matters. We look forward to hearing from you soon.

Sincerely,



Michael D. Hogue, PharmD, FAPhA, FNAP, FFIP
APhA Executive Vice President and CEO



Samuel V. Calabrese, BSPHarm, MBA, FASHP, CPEL
ASHP Executive Vice President and CEO



Brenda K. Schimenti, MS, Executive Director
American Association of Psychiatric Pharmacists (AAPP)

CC: The Honorable Robert F. Kennedy, Jr., Secretary of HHS
Thomas J. Engels, Administrator, HRSA
Alex J. Adams, Assistant Secretary, ACF
Christopher Carroll, Principal Deputy Assistant Secretary, SAMHSA

About APhA & ASHP

APhA represents pharmacists, student pharmacists, and pharmacy technicians in all practice settings, including but not limited to 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.

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.

AAPP are pharmacists who specialize in treating patients living with psychiatric disorders, including substance use disorders. Psychiatric pharmacists have extensive training and expertise in medication treatment and the psychosocial factors inherent within these illnesses. They are responsible for evidence-based patient-centered assessment, medication management of complex regimens, and comprehensive care plan development. Psychiatric pharmacists work collaboratively with medical and mental health interprofessional teams to improve patients' short- and long-term outcomes. They extend their reach by partnering with and educating patients, families, and providers and advocating for the appropriate use of medications.