

Statement for the Record of Lee Vermeulen, B.S. Pharm., M.S., FCCP, FFIP, Executive Vice President & CEO, American Association of Colleges of Pharmacy for Senate Labor, Health and Human Services, and Education Appropriations Subcommittee Regarding FY 2026

Department of Health and Human Services Appropriations

Thank you for the opportunity to submit written testimony regarding fiscal year (FY) 2026 appropriations for the U.S. Department of Health and Human Services (HHS). On behalf of the American Association of Colleges of Pharmacy, I respectfully urge robust funding for key HHS agencies and programs that directly support pharmacy, education research, training, and workforce development.

The American Association of Colleges of Pharmacy (AAPC) is the national organization representing pharmacy education in the United States. The mission of AAPC is to lead and partner with our members in advancing pharmacy education, research, scholarship, practice and service to improve societal health. Our members are the accredited colleges and schools of pharmacy in the United States representing over 4500 faculty and staff members, students and administrators at these institutions.

Researchers in pharmacy schools study every aspect of medication discovery, development and treatment, including health outcomes arising from medication and healthcare utilization, cost and effectiveness. Colleges and schools of pharmacy provide research training to student pharmacists, pharmacy residents, graduate students and post-graduate fellows.

Our nation's pharmacy institutions are committed to educating future pharmacists and conducting research and training that improves health outcomes in every community. Federal investments through HHS agencies ensure that pharmacy education continues to meet the nation's evolving health needs. We respectfully request that the Subcommittee -

- Increase funding for HRSA Title VII & Title VIII health professions programs;
- Maintain strong financial support for NIH research and training grants;
- Retain AHRQ as a source of support for health services research;
- Bolster CDC immunization and public health workforce programs;
- Expand CMS demonstration models that include pharmacists; and
- Strengthen SAMHSA behavioral health workforce development initiatives.

Here are a few examples of how our member institutions are using federal agencies' investments to advance our healthcare system.

Health Resources and Services Administration (HRSA)

HRSA plays a critical role in strengthening the healthcare workforce by supporting education and training programs that prepare pharmacists to serve rural and underserved communities. HRSA programs, including Title VII of the Public Health Service Act, Health Professions Training and the Public Health Workforce Development initiative, help colleges and schools of pharmacy offer interprofessional training and increase student access to scholarships and loan repayment. Additionally, The HRSA Centers of Excellence play a vital role in enhancing the recruitment, training, and retention of underrepresented minority students in the health professions, helping to build a diverse pharmacy workforce equipped to address persistent health disparities.

AACP works with HRSA to share and disseminate information to members on programs that aid pharmacy professionals along their financial journey including the National Service Corps (NHSC) Rural Community Loan Repayment Program, NHSC Substance Use Disorder Workforce Loan Repayment Program, and the HRSA Faculty Loan Repayment Program. There is a growing shortage of pharmacists in rural and underserved areas¹, impacting access to essential healthcare services such as vaccinations. To address this challenge, these programs and initiatives are in place to attract and retain pharmacists to these communities, and consistent investments are needed.

National Institutes of Health (NIH)

Colleges and schools of pharmacy rely on NIH support to conduct cutting-edge research in drug development, cancer, infectious diseases, and health disparities. This funding also trains future pharmaceutical scientists and clinician researchers.

Cutting research funding harms, the economy and disrupts the workforce. University employees directly employed in research could lose their jobs, along with businesses and employees who provide goods, services and materials for those researchers could also be impacted. Research happening now in a pharmacy lab could lead to the discovery of a lifesaving or life-altering medication. The AACP Funded Research Grant Data ([FRGD](#)) captures research funding from all extramural sources, including the NIH and other federal funding agencies.

¹ <https://pharmacy.osu.edu/news/growing-crisis-pharmacy-deserts>

- Students at Auburn University Harrison College of Pharmacy help to develop a novel drug that may become a therapeutic for patients who are at risk for early onset Alzheimer's disease.²
- Researchers at Texas A&M University's Irma Lerma Rangel School of Pharmacy received a \$2.8 million NIH grant to use 3D printers for pediatric medications.³
- A \$19 million grant may help University of Florida Health researchers uncover a treatment for stimulant use disorder.⁴

Reducing funding for our nation's health scientists risks the United States' global leadership in finding the next generation of cures and cedes ground to adversarial nations—putting not only our health at risk, but also our security.

Centers for Disease Control and Prevention (CDC)

CDC funding supports immunization infrastructure and public health partnerships that engage pharmacists as accessible vaccinators and health educators. These investments were especially critical during the COVID-19 pandemic and remain vital in managing ongoing vaccine-preventable diseases.

The University of Michigan College of Pharmacy and the Centers for Disease Control and Prevention (CDC) have a collaborative program where pharmacists are embedded in primary care and retail pharmacies to manage patients with hypertension. This model, developed at University of Michigan, has been proven effective and is now being replicated and expanded by the CDC, particularly in the southeastern United States. The CDC seeks to scale this model for use by public health practitioners to engage pharmacists in hypertension management.⁵

CDC partnerships empower pharmacy institutions and pharmacists to lead public health, whether through immunizations, chronic disease prevention, or advancing health equity.

² <https://www.aacp.org/article/nih-grant-supports-research-possible-alzheimers-treatment>

³ <https://www.aacp.org/article/path-3d-printed-drugs>

⁴ <https://www.aacp.org/article/hope-horizon>

⁵ <https://pharmacy.umich.edu/wp-content/uploads/UMCOP-Hypertension-Case-Study.pdf>

Centers for Medicare & Medicaid Services (CMS)

CMS policies and demonstration models influence pharmacy education by driving innovation in value-based care, medication therapy management (MTM), and integrated care delivery. These programs create demand for pharmacists trained in patient-centered, team-based care.

CMS's Part D MTM Program requires plan sponsors to implement pharmacist-led interventions that ensure optimal drug use, reduce adverse events, and coordinate with health plans.⁶ Pharmacy schools incorporate CMS billing and MTM documentation into their curricula and experiential training.

A March 2024 article from *Journal of Managed Care & Specialty Pharmacy* outlined a patient-centered evidence framework, spearheaded by University of Maryland's School of Pharmacy faculty, to guide CMS's Medicare Drug Price Negotiation Program.⁷ This framework proposes integrating clinical benefit and patient values to inform CMS's Maximum Fair Price (MFP) setting under the Inflation Reduction Act. It also illustrates how pharmacy academia is collaborating with CMS to shape program guidance and policy analysis.

This is just one example of how CMS policies are directly shaping pharmacy education and practice, enabling students and faculty to participate in high-impact, value-based care models.

Conclusion

AACP calls on Congress to fully invest in health and ensure that the appropriated funding is spent as intended. Codifying the administration's actions, whether through a recissions package or allowing continued impoundment, harms our public health and undermines Congress' role in the budget and spending processes.

AACP supports the following levels of investment for specific public health agencies in FY 2026 -

- CDC: At least \$11.581 billion
- NIH: \$51.3 billion
- FDA: \$3.52 billion (budget authority; exclusive of user fees)

⁶ https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/medication-therapy-management?utm_source=chatgpt.com

⁷ <https://www.jmcp.org/doi/full/10.18553/jmcp.2023.23272>

- HRSA: \$10.5 billion
- AHRQ: \$500 million
- SAMHSA: At least \$7.5 billion

Furthermore, we urge the House Appropriations Committee to refrain from including harmful policy riders, including those that serve to reorganize agencies. While the public health community welcomes the opportunity to work with Congress to identify ways to improve the workings of our public health agencies, we encourage these actions to take place as part of comprehensive authorizing legislation that involves ample opportunity for the public to provide input.

Thank you for your consideration of this testimony. We appreciate your continued leadership in ensuring a robust and responsive healthcare workforce prepared to serve all Americans.