

March 31, 2026

The Honorable Chairman Susan Collins
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, DC 20510

The Honorable Chairman Tom Cole
House Committee on Appropriations
H-307, The Capitol
Washington, DC 20515

The Honorable Ranking Member Patty Murray
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, DC 20510

The Honorable Ranking Member Rosa DeLauro
House Committee on Appropriations
H-307, The Capitol
Washington, DC 20515

Dear Senators Collins and Murray and Representatives Cole and DeLauro:

On behalf of the undersigned organizations, we strongly urge you to direct the Centers for Medicare and Medicaid Services (CMS) to remove administrative barriers to beneficiaries accessing pharmacist services in Medicare Advantage (MA). We ask that the Appropriations Committees include report language in final fiscal year 2027 (FY2027) Labor, Health and Human Services, and Education (Labor/HHS) House and Senate appropriation bills directing CMS to remove these bureaucratic barriers.

While pharmacists are not providers under Medicare Part B, they do meet the definition of a provider under MA. This means they have the opportunity to extend patient access to care to over 35 million MA beneficiaries. The MA statute states that:

Provider means—

- (1) Any individual who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and*
- (2) Any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation. (42 USC 422.2)*

As such, MA plans may contract with pharmacists to deliver healthcare services to MA beneficiaries, as licensed by their state. Despite this flexibility from MA plans to recognize state licensed providers, there is no clear way for pharmacists to enroll in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) as a non-physician specialty type. Enrolling in PECOS is required for a pharmacist to receive a Provider Transaction Access Number (PTAN), necessary for internal processing and communication with MA plans.

Pharmacists can and do provide state-authorized patient care services to Medicare beneficiaries participating in MA plans. This care is often disrupted because CMS does not provide a clear mechanism for pharmacists to enroll in PECOS and obtain a PTAN. Pharmacists are not on the list of eligible professionals or non-physician specialty types for PECOS enrollment. This fails to account for the patient care role that pharmacists play in ambulatory clinical settings and results in care disruptions for MA beneficiaries. Clarifying that CMS should offer a mechanism for pharmacists to

enroll in PECOS and obtain a PTAN would make it easier for MA plans to contract with pharmacists to provide services to MA beneficiaries, as allowed by their state license.

The following report language has been submitted to several Senate and House offices for consideration:

Removing Administrative Barriers to Accessing Pharmacists Services in Medicare Advantage Plans: The Committee recognizes that Medicare Advantage (MA) plans may choose to reimburse patient care services provided by state-licensed pharmacists as individuals engaged in the delivery of services as licensed or certified by the state, as allowed under 42 U.S.C. 422.2. The Committee identified that administrative barriers limit the ability of MA plans to successfully contract with pharmacists. The Centers for Medicare and Medicaid Services (CMS) does not provide a clear mechanism for pharmacists to enroll in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS). Enrolling in PECOS is required for a pharmacist to receive a Provider Transaction Access Number (PTAN), necessary for internal processing and communication with Medicare Advantage plans. The Committee strongly urges CMS ensure pharmacists can enroll in PECOS as a non-physician specialty type and provide an administrative mechanism for pharmacists to obtain a PTAN.

We ask for your support to ensure this language is included as report language in the FY2027 Labor/HHS appropriation bills.

Sincerely,

National Organizations

American Society of Health-System Pharmacists
American Association of Colleges of Pharmacy
American Association of Psychiatric Pharmacists (AAPP)
American College of Clinical Pharmacy
American Society of Consultant Pharmacists
Hematology/Oncology Pharmacy Association
National Community Pharmacists Association

State and Local Organizations

Alaska Pharmacy Association Academy of Health-System Pharmacists
Arizona Pharmacy Association
Arkansas Association of Health-System Pharmacists
California Society of Health System Pharmacists
Colorado Pharmacists Society
Connecticut Society of Health-System Pharmacists
Delaware Society of Health-System Pharmacists
Florida Society of Health-System Pharmacists
Georgia Society of Health-System Pharmacists

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Indiana Pharmacy Association
Iowa Pharmacy Association
Kansas Council of HealthSystem Pharmacy
Kentucky Society of Health System Pharmacists
Louisiana Society of Health System Pharmacists
Maine Society of Health System Pharmacists
Maryland Society of Health-System Pharmacy
Massachusetts Society of Health-System Pharmacists
Michigan Society of Health-System Pharmacists
Minnesota Society of Health-System Pharmacists
Mississippi Society of Health System Pharmacists
Missouri Society of Health-System Pharmacists
Nevada Society of Health-System Pharmacists
New Hampshire Society of Health-System Pharmacists
New Jersey Health-System Pharmacy
New Mexico Society of Health Systems Pharmacists
Oregon Society of Health System Pharmacists
Pharmacy Society of Wisconsin
Texas Society of Health-System Pharmacy
The Ohio Society of Health-System Pharmacy
Utah Society of Health System Pharmacists
Virginia Society of Health-System Pharmacists
Washington State Pharmacy Association
WellStar Health System - Marietta, Georgia

cc: Senate Labor, Health and Human Services, Education, and Related Agencies Subcommittee Chair Shelley Moore Capito and Ranking Member Tammy Baldwin and House Labor, Health and Human Services, Education, and Related Agencies Subcommittee Chairman Robert Aderholt.