The Honorable James Comer, Chairman
The Honorable Robert Garcia, Ranking Member
House Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515

July 21, 2026

Dear Chairman Comer and Ranking Member Garcia:

On behalf of the Senior Care Pharmacy Coalition (SCPC) and the American Society of Consultant Pharmacists (ASCP), the two leading associations representing long-term care (LTC) pharmacies that serve America's most medically complex seniors and individuals with disabilities, we appreciate the Committee's leadership in advancing policies that increase transparency and accountability within the pharmacy benefit manager (PBM) marketplace.

SCPC and ASCP strongly support the Committee's efforts through the *Pharmacists Fight Back Act* (HR 6610) and the related *Pharmacists Fight Back Act in Medicare and Medicaid Act* (HR 6609) to address harmful PBM practices that undermine patient access to pharmacy services. We respectfully urge the Committee to recognize that LTC pharmacies operate under a fundamentally different reimbursement, regulatory, and service delivery model than retail pharmacies and should be treated accordingly in any PBM reform legislation.

LTC pharmacies provide integrated healthcare services that extend well beyond dispensing medications. LTC pharmacies are required to provide a comprehensive set of federally mandated services for residents of nursing facilities and other long-term care settings, including:

- Emergency medication availability 24 hours a day, seven days a week;
- Specialized packaging and unit-dose dispensing systems;
- Medication regimen reviews and on-site clinical patient reviews;
- Continuous medication cart exchanges and delivery logistics;
- Transition-of-care services;
- Hand delivery to facilities multiple times a day; and
- Ongoing collaboration with physicians, nurses, consultant pharmacists, and facility staff to ensure safe medication use.

Many of these services are required by federal law, including 42 C.F.R. § 483.45, and integral to the quality and safety of care provided to beneficiaries residing in LTC settings.

Unfortunately, current PBM reimbursement methodologies generally only compensate pharmacies for the cost of dispensing a prescription, while failing to fully reimburse LTC pharmacies for the substantial clinical, operational, regulatory, and logistical services they are required to provide. As a result, reimbursement models designed for traditional retail pharmacies often fail to reflect the true cost of serving medically fragile patients in LTC care settings. Without reimbursement that reflects the full scope of these required services, LTC pharmacies face increasing financial pressure that threatens continued access to pharmacy services for residents of LTC facilities.

While the *Pharmacists Fight Back Act* represents meaningful progress toward reforming PBM practices, provisions that do not distinguish between retail and long-term care pharmacy risk perpetuating reimbursement policies that are fundamentally incompatible with the LTC pharmacy model. CMS has long recognized that LTC pharmacies operate under a fundamentally different model than community retail pharmacies. The National Average Drug Acquisition Cost (NADAC) or the Retail Price Survey being applied in HR 6610/6609 measures retail pharmacy acquisition costs and does not reflect the LTC pharmacy model. Retail reimbursement methodologies do not account for the federally mandated services that LTC pharmacies provide to medically complex patients in long-term care settings.

Accordingly, SCPC and ASCP respectfully request that as both HR 6610 and 6609 advance, they explicitly recognize LTC pharmacies as a distinct pharmacy category and require PBMs to appropriately reimburse LTC pharmacies for all CMS-required LTC pharmacy services in addition to the ingredient cost and dispensing fee associated with prescription drugs. Such recognition would better align reimbursement with the actual services provided and help preserve access to pharmacy care for more than 3 million Americans residing in skilled nursing facilities and other LTC settings.

Ensuring sustainable reimbursement for LTC pharmacies is essential to protecting access to medications, improving patient safety, reducing medication-related hospitalizations, and supporting the LTC pharmacists and technicians caring for our nation's most vulnerable populations.

SCPC and ASCP stand ready to work with the Committee and Congress to develop legislative language that appropriately reflects the unique role, buying arrangements and increased costs of LTC pharmacies while advancing the Committee's broader goals of transparency, competition, and accountability within the PBM marketplace.

Thank you for your consideration and your continued leadership on these important issues. We look forward to working with you to ensure the final legislation protects access to high-quality pharmacy services for seniors and individuals receiving long-term care.

Sincerely,

Esmé Grewal, President and CEO
Senior Care Pharmacy Coalition

Chad Worz, Executive Director and CEO
American Society of Consultant Pharmacists