

# Congress Takes Important Step on PBMs, Telehealth, and Medicare in Government Funding Bill

*After nearly a decade of sustained COA advocacy, long-sought PBM reforms become a reality – but more work remains*

WASHINGTON, DC, UNITED STATES, February 3, 2026 /EINPresswire.com/ -- The Community Oncology Alliance (COA) applauds Congress for passing the Consolidated Appropriations Act of 2026 (CAA), a bipartisan government funding package that includes several provisions that COA and our members have worked toward for years. The legislation passed today will help protect patients and support the independent community oncology practices who care for them.

Most notably, the funding package includes the first meaningful federal pharmacy benefit manager (PBM) reforms enacted in Medicare Part D. These provisions reflect nearly a decade of sustained advocacy by COA and its members to expose opaque PBM business practices and document how they raise costs, restrict access to care, and destabilize independent community oncology practices.

The PBM reforms enacted in the funding package include:

- PBM reforms in Medicare Part D: The funding package establishes new federal standards governing PBM practices in Medicare Part D, addressing business models that inflate drug costs and undermine patient access. While limited to Medicare, these reforms create a foundation for broader PBM accountability.
- Any Willing Pharmacy requirement: PBMs must allow any qualified pharmacy willing to meet plan terms to participate in Medicare Part D networks. This helps protect patient access to local



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and community-based pharmacies and limits PBM steering to PBM-owned or preferred pharmacies.

- Delinking PBM compensation from drug list prices: PBM payments can no longer be tied to drug list prices in Medicare Part D, reducing incentives that reward higher-priced drugs. This is a critical step toward aligning PBM incentives with affordability rather than price inflation.
- One hundred percent rebate pass-through to plan sponsors: All manufacturer rebates in Medicare Part D must be passed through in full to plan sponsors instead of retained by PBMs. This limits hidden PBM revenue streams and improves transparency around drug pricing.
- Expanded PBM transparency, reporting, and audit authority: The legislation strengthens reporting requirements and expands audit authority to shine light on PBM fees, payment arrangements, and practices. Greater transparency is essential for enforcement and future reform efforts.

### The Culmination of Nearly 10 Years of COA PBM Advocacy, With More to Come

These reforms are consistent with what COA has been calling for since January 2017, when we published our [first in-depth analysis](#) of direct and indirect remuneration fees and their cost to Medicare and beneficiaries. Since then, COA has continued to elevate the real-world impact of PBMs on patients through detailed analyses and eight volumes of firsthand patient [PBM horror stories](#).

"Reining in PBM abuses is a lifesaving measure for patients with cancer. For too long, these middlemen have profited off the backs of Americans with cancer by undermining patient care and leaving pharmacy and medical deserts in their wake," said Ted Okon, executive director of COA. "The Community Oncology Alliance has long been supporting meaningful, bipartisan PBM reform, and we are encouraged by this important milestone of Congress finally passing legislation to address PBM abuses. However, this is just the start because PBMs are very adept at finding ways to profit while harming patients in the process. Congress needs to do more and we stand ready to work with Congress to advance legislation that further reins in PBMs and protects patients."

While the PBM provisions in the funding package represent progress, they are not comprehensive. This legislation should be viewed as an important starting point, not the end of the road.

### Additional Important Health Provisions in Funding Bill

In addition to PBM reform, the funding package includes several other provisions of direct importance to community oncology:

- Extension of Medicare telehealth waivers through 2027, including originating site and geographic flexibility.
- Medicare payment stability provisions, including extension of the one percent geographic practice cost index (GPCI) floor.

- New attestations to improve CMS's ability to identify hospital-owned clinics and enforce site-neutral payments.

COA will continue to press Congress to address additional urgent issues, including fixing the Stark Law drug delivery problem, mitigating the looming impact of the Inflation Reduction Act (IRA) on oncology practices, and reforming the 340B Drug Pricing Program to curb abuses that accelerate consolidation and threaten community-based care.

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About the Community Oncology Alliance (COA)

The Community Oncology Alliance (COA) is a nonprofit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology, where the majority of Americans with cancer are treated. The mission of COA is to ensure that patients with cancer receive quality, affordable, and accessible cancer care in their own communities. Learn more at

[www.communityoncology.org](http://www.communityoncology.org).

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