NCPA Advocacy: Getting results that matter for long-term care pharmacy during the national COVID-19 pandemic.

Community pharmacies are doing their part to keep their patients healthy during this national crisis and NCPA’s Advocacy Center has worked tirelessly to achieve legislative and regulatory wins at both the federal and state levels to aid you so you can continue to serve your patients.

**FEDERAL LEGISLATIVE WINS:**

- Successfully advocated for the Paycheck Protection Program contained in the Coronavirus Aid, Relief and Economic Security (CARES) Act, which allows community pharmacies with fewer than 500 employees who maintain their payroll to receive 100 percent federally guaranteed cash-flow assistance loans.

- Successfully advocated for small business provisions of the CARES Act to restore the ability of small business community pharmacies to carryback any net operating losses against previous year tax payments.

- Supported provisions of the CARES Act that allow patients to use health savings account (HSA) or flexible spending account (FSA) for over the counter (OTC) medications and menstrual products. NCPA created signage for in-pharmacy use to alert patients to this change.

- Successfully advocated for the Paycheck Protection Program and Health Care Enhancement Act. The bill provides an additional $310 billion for the Paycheck Protection Program, $50 billion for the Disaster Loans Program Account, $75 billion for reimbursements to health care providers to support COVID-19-related expenses and lost revenue, and $25 billion for necessary expenses related to COVID-19 tests.

- Secured improvements to the Paycheck Protection Program by advocating for the Paycheck Protection Program Flexibility Act. This bill extends the term for the forgiveness of PPP loans (24 weeks or until the end of the calendar year), allows for five years to repay any money owed, extends the rehiring deadline for loan forgiveness from 8 to 24 weeks, and reduces the 75/25 rule to 60/40 so that at least 60% of PPP loan funds must be used for payroll.

**FEDERAL REGULATORY WINS:**

- Secured guidance from HHS authorizing pharmacists to order and administer COVID-19 tests, including serology tests that the Food and Drug Administration (FDA) has authorized.

- Secured the inclusion of pharmacists in the Department of Labor’s definition of health care provider as it pertains to the Families First Coronavirus Response Act. This exempts community pharmacies from the expanded sick and family leave provisions contained in the bill.

- Successfully advocated that CMS temporarily waive Part D medication delivery documentation and signature log requirements during the public health emergency and adopt a temporary policy suspending plan-coordinated pharmacy audits.

- NCPA also successfully advocated with CMS for community and LTC pharmacies regarding relaxing prior authorization, point-of-sale edits, and short-cycle dispensing requirements.

- Secured supplemental guidance from FDA outlining direction in preparing and distributing hand sanitizer products. FDA further stated that it will not take action against firms that prepare alcohol-based hand sanitizers for consumer use and for use as health care personnel hand rubs for the duration of the public health emergency.

- Successfully advocated to FDA for guidance allowing pharmacists to provide urgently needed compounded products as certain prescription drug products are at risk for shortage during the current COVID-19 crisis.

- In response to NCPA advocacy efforts, CMS has provided a template for states to request an 1135 waiver to amend their state Medicaid plans to battle the disease, including an adjustment to the professional dispensing fee for prescription home delivery.
Independent pharmacies are a patient safety net

“According to data analyzed by NCPA, there are 14,866 ZIP codes in the United States with at least one pharmacy. In 3,057 of those, or roughly 21 percent, the only pharmacies are independently owned pharmacies, underscoring the fact community pharmacies are a patient safety net for their communities both in normal times and during a national emergency.”

— B. Douglas Hoey, Pharmacist, MBA, NCPA CEO
April, 2020

FEDERAL REGULATORY WINS CONTINUED:

• The Cybersecurity and Critical Infrastructure Agency (CISA) included pharmacists in its guidance on defining essential critical infrastructure workers during the COVID-19 emergency.

• Joint guidance issued by CMS, the DOL and Treasury Department directs private health insurers and group health plans to cover COVID-19 diagnostic and antibody testing administered during a medical office visit.

• In response to NCPA advocacy efforts, HHS issued guidance that it does not require and will not audit for patient signatures as proof of delivery for any medications, including for controlled substances.

• HHS authorized all state-licensed pharmacists and pharmacy interns to order and administer vaccines for patients aged 3 through 18 years during the COVID-19 public health emergency.

• HHS authorized all state-licensed pharmacists and pharmacy interns to order and administer the COVID-19 vaccine, once one becomes available and FDA-approved, for patients aged 3 years and older during the COVID-19 public health emergency.

• In response to NCPA advocacy efforts, HHS reopened the Provider Relief Fund to accept additional applications from Medicare providers for a second General Distribution.

STATE WINS:

• NCPA created model language addressing pharmacy audits and pharmacy access and reimbursements for use in Executive Orders or other state regulatory orders to address these issues.

• Several states have issued emergency orders governing PBM practices. The orders include such directives as requiring PBMs to waive signature requirements, suspend pharmacy audits, cease mandatory mail-order requirements, and make it easier for patients to obtain 90-day fills and early refills. States issuing orders include Alaska, Arkansas, Connecticut, Delaware, Florida, Kentucky, Louisiana, Massachusetts, Ohio, Oklahoma, Texas, Vermont, and West Virginia.

• State governments have aligned with HHS guidance to remove unnecessary restrictions via executive orders, waivers, or rules allowing pharmacists to order and administer COVID-19 testing. These states include Alabama, Alaska, California, Colorado, Connecticut, District of Columbia, Florida, Idaho, Illinois, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Texas, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

• Massachusetts and North Carolina increased the dispensing fee under Medicaid for home delivery of prescriptions.

• States have moved to grant pharmacists civil immunity from COVID-19 related lawsuits. These include Arizona, Connecticut, Illinois, and New Jersey.

• State Medicaid Programs Begin Reimbursing for COVID-19 testing. In late May, New York launched a COVID-19 testing pilot program which will allow participating pharmacies to get paid through the state’s Medicaid program. Maryland’s Medicaid agency has released guidance allowing for pharmacists to be reimbursed for specimen collection. Additionally, Ohio Gov. Mike DeWine (R) recently announced that he was instructing Ohio Medicaid to reimburse pharmacists for COVID-19 testing.

• NCPA engaged with National Governors Association to promote the importance of involving community pharmacists in combating COVID-19 in the states through testing and vaccinations. NGA has disseminated NCPA’s recommendations to all governors in their respective states.

• Minnesota, New Hampshire, and New York passed legislation authorizing pharmacists to administer the COVID-19 vaccine.