



2021

INDEPENDENT COMMUNITY PHARMACY LEGISLATIVE PRIORITIES

NCPA's Legislative Agenda: Pro-Patient, Pro-Pharmacist

- ❑ **Finalize direct and indirect remuneration fee reform:** Congress included some version of pharmacy DIR fee reform in every drug pricing package last Congress (Grassley-Wyden, H.R. 3, H.R. 19, and S. 3129), and pharmacies and patients urgently need Congress to enact these reforms this year. NCPA strongly supports the full pharmacy DIR fee reform that prohibits DIR clawbacks and standardizes pharmacy quality metrics, which was advanced on a bipartisan basis by the Senate Finance Committee in 2019 and urges Congress to enact this vital drug pricing reform this year.
- ❑ **Prohibit spread pricing in Medicaid managed care:** NCPA has long supported the prohibition of spread pricing, especially in the taxpayer-funded Medicaid managed care program. We support state Medicaid managed care programs implementing a “pass-through” model, which includes a transparent benchmark based on National Average Drug Acquisition Cost (NADAC) and a commensurate dispensing fee like those in Medicaid fee for service programs. Under a pass-through pricing model, PBMs are paid an administrative fee, which is the only source of revenue under the contract, thus avoiding any costly PBM spread. The Congressional Budget Office (CBO) has estimated this reform, which was included in both House and Senate drug pricing reforms last Congress, would save \$1 billion over 10 years.
- ❑ **Pharmacy access, patient steering, and conflicts of interest:** H.R. 2608, the *Ensuring Seniors Access to Local Pharmacies Act*, would allow community pharmacies that are in medically underserved areas, medically underserved populations, health professional shortage areas, or Federal Office of Rural Health Policy’s designated rural areas to participate in Medicare Part D preferred pharmacy networks so long as they are willing to accept the contract terms and conditions. It also would require that pharmacies be reasonably reimbursed so that PBMs are not reimbursing their affiliated pharmacies more than they do other pharmacies and that reimbursement covers acquisition and dispensing costs.
- ❑ **Medicare payment for enhanced pharmacist services:** Independent pharmacies have played a large role at both the federal and state levels in testing for COVID-19 and administering COVID-19 vaccines to those in their communities and in long-term care facilities, among other offerings. To continue providing both COVID-19 testing and vaccine services, Congress should ensure that the U.S. Department of Health and Human Services (HHS) extends the authorities granted by the PREP Act declaration for pharmacists, technicians, and interns. We also urge cosponsorship of H.R. 2759/S. 1362, the *Pharmacy and Medically Underserved Areas Enhancement Act*, which would provide Medicare payment for pharmacist services in medically underserved areas.