

2022 *Advocacy Annual Report*



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The 2022 Advocacy Annual Report is a comprehensive review of *NCPA's advocacy efforts* on behalf of America's independent community pharmacists over the past year. *We represent our members* before Congress, in the regulatory arena, in the courts, and in the states. *Our work is enhanced by the grassroots efforts* of NCPA members, the NCPA Legislative/Legal Defense Fund, and the NCPA Political Action Committee. The NCPA Advocacy Center works to advance policies and solutions that are *pro-patient, pro-pharmacy, and pro-small business*.

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FEDERAL LEGISLATION

Legislative priorities

Finalize Direct and Indirect Remuneration Fee Reform: H.R. 3554/S. 1909, the Pharmacy DIR Reform to Reduce Senior Drug Costs Act, seeks to reduce patients' cost-sharing, prevent plans and pharmacy benefit managers from clawing back DIR fees from pharmacies, enhance price transparency, and establish consistent pharmacy performance measures that foster quality care and that enhance the viability and predictability of pharmacy operations.

Require Fair and Transparent Reimbursements and Prohibit Spread Pricing in Medicaid Managed Care: H.R. 6101, the Drug Price Transparency in Medicaid Act, would prohibit spread pricing and require pharmacy reimbursements based on a transparent benchmark, the National Average Drug Acquisition Cost, and a commensurate dispensing fee like those in Medicaid fee-for-service programs. PBMs would be limited to an administrative fee thus avoiding costly spread pricing. The Congressional Budget Office has estimated this reform, which was included in both House and Senate drug pricing reforms last Congress, would save \$1 billion over 10 years.

Increase Drug Pricing Transparency for Employers and Plan Sponsors and Hold PBMs Accountable for Unfair and Deceptive Practices: S. 4293, the Pharmacy Benefit Manager Transparency Act of 2022, would increase drug pricing transparency and hold PBMs accountable for unfair and deceptive practices in the commercial market that drive up the costs of prescription drugs at the expense of consumers. Additionally, it clarifies the enforcement authority of the Federal Trade Commission and state attorneys general to prohibit unfair or deceptive business practices PBM-insurers use in commercial health insurance. The Senate Commerce Committee voted in favor of the legislation, but it ultimately died due to Congressional adjournment.

Ensure Patient Access to Pandemic and Pandemic Related Health Services from Pharmacists: H.R. 7213, the Equitable Community Access to Pharmacist Services Act would allow patients to continue to access COVID-19 pandemic and pandemic related health services from pharmacists. 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, among other services, and this bill would allow them to continue to provide these services.

For a copy of the 2022 legislative priorities checklist, please visit ncpa.org/checklist.pdf.

NCPA action on Capitol Hill

President Biden Signs Inflation Reduction Act: President Biden signed the Inflation Reduction Act, which delivers a significant legislative victory for Democrats. NCPA was represented at the bill signing by then-NCPA President **Michele Belcher** and former president **Bob Greenwood**.



NCPA Engaged on TRICARE Pharmacy Network Issue: NCPA developed materials for members regarding the changes to the TRICARE pharmacy network made by ESI, including materials to engage patients to voice their complaints to TRICARE. Additionally, NCPA worked with the offices of Sen. Tom Cotton (R-Ark.) and Rep. Buddy Carter (R-Ga.) on a bicameral sign-on letter to TRICARE demanding answers on how these changes came about and what oversight TRICARE is exercising over them. Over 150 members of Congress have reached out to the Department of Defense with concerns over the new TRICARE pharmacy network. Additionally, NCPA is engaging veteran organizations on the issue.

207 Organizations Voice Support for S. 4293: With NCPA leading the charge, NCPA and 206 other pharmacy, consumer, patient, and business organizations sent a letter to Sens. Maria Cantwell (D-Wash.) and Charles Grassley (R-Iowa) to voice strong support for S. 4293, the PBM Transparency Act. Several patient groups, including the Association for Mature American Citizens, Free2Care Coalition, Global Healthy Living Foundation, National Consumers League, The AIDS Institute and National Grange, were among the signatories.

NCPA Joined More Than 80 Business Organizations in Opposing Proposed Tax Increases: In January, NCPA joined more than 80 other business organizations on a letter to House and Senate leadership urging them to end efforts to pass massive tax increases in the Build Back Better Act. Instead, the signatories urged leadership to focus on alleviating current challenges, including inflation, labor shortages, and supply chain constraints.

Califf Confirmed to Head FDA, Supported by NCPA and Other Pharmacy Groups: The Senate confirmed Dr. Robert Califf to return to the FDA as commissioner. Prior to his confirmation, NCPA joined other pharmacy stakeholders in a letter of support.

Situational Awareness of 340B Battlefield: NCPA reconstituted the internal task force to discuss ongoing policy issues and engage other stakeholders to discuss the implications of potential legislative and policy solutions to the stalemate and the impacts on community pharmacies. NCPA reached out to the association representing FQHCs to engage and find opportunities to work together on educating members participating in arrangements with those covered entities. Additionally, NCPA continues to monitor decisions in legal matters as courts make determination on the actions of pharmaceutical manufacturers and HRSA.

NCPA Notes Independent Pharmacies Pushed Out of TRICARE:

Karry La Violette, then-NCPA senior vice president of government affairs, spoke with Stars and Stripes about pharmacy TRICARE contracts and independent pharmacy's inability to participate in the program.

Pharmacy DIR reform activity

NCPA Highlights Changes Required to Make DIR Proposal

Workable: NCPA submitted comments to Centers for Medicare & Medicaid Services on the proposed DIR rule which included several recommendations required to make the rule workable. Among its recommendations, NCPA noted that CMS must close the coverage gap loophole, ensure transparency of pharmacy reimbursements at point-of-sale, and address the effects of the rule on pharmacy cash flow.

- 2,700+ pharmacists submitted comments through NCPA's grassroots portal
- Small Business Administration submitted its own letter to CMS in support of many of the issues NCPA raised in our comments
- 30 U.S. senators sent a letter to CMS in support of proposed rule
- 85 members of the House of Representatives sent a letter to the Department of Health and Human Services in support of proposed rule. Additionally, Rep. Lisa Blunt Rochester (D-Del.) sent her own letter echoing support for the proposed rule.
- 232 organizations signed on to the support letter to HHS in support of proposed rule

NCPA's Karry La Violette Discusses Pharmacy DIR Fees on

IPA Podcast: Karry La Violette, then-NCPA senior vice president of government affairs, discussed retroactive pharmacy DIR fees on an edition of the Independent Pharmacy Alliance podcast.

Congressional action on NCPA issues

Senate Commerce Committee Advances S. 4293: The Senate Commerce, Science & Transportation Committee advanced S. 4293, the Pharmacy Benefit Manager Transparency Act of 2022. This bill was introduced by Sens. Maria Cantwell (D-Wash.) and Chuck Grassley (R-Iowa) and was approved on a 19-9 vote. The full Senate did not vote on the bill.

Senate Hearing Focuses on Abusive PBM Business Practices:

U.S. Senate Commerce Committee held a hearing titled "Ensuring Fairness and Transparency in the Market for Prescription Drugs." NCPA submitted a statement for the record calling for greater transparency and reform for PBMs.

Congressional Champions Send Letter to OMB Urging Prompt

Action on Part D Rule: Reps. Peter Welch (D-Vt.), Morgan Griffith (R-Va.), Vicente Gonzalez (D-Texas), Buddy Carter (R-Ga.), Raja Krishnamoorthi (D-Ill.), John Rose (R-Tenn.), Abigail Spanberger (D-Va.), and Diana Harshbarger (R-Tenn.), as well as Sens. Sherrod Brown (D-Ohio), Shelley Moore Capito (R-W.Va.), Jon Tester (D-Mont.),

and James Lankford (R-Okla.), sent letters urging the White House Office of Management and Budget to finalize the DIR rule.

Senate Finance Committee Holds Drug Pricing Hearing:

The Senate Committee on Finance held a hearing titled "Prescription Drug Price Inflation: An Urgent Need to Lower Drug Prices in Medicare." NCPA submitted a statement for the record highlighting the Biden administration's proposed rule to end retroactive pharmacy DIR fees and needed tweaks to the proposal, as well as advocating for the end of spread pricing in Medicaid managed care.

In a letter led by Reps. Buddy Carter (R-Ga.) and Mike Rogers (R-Ala.), the incoming chairman of the House Armed

Services Committee, 49 members of Congress requested the Department of Defense participate in a listening session with stakeholders so they can fully understand the ramifications of their TRICARE decisions. Unfortunately, DOD declined to participate.

Sen. Jon Tester (D-Mont.), chairman of the Senate Committee

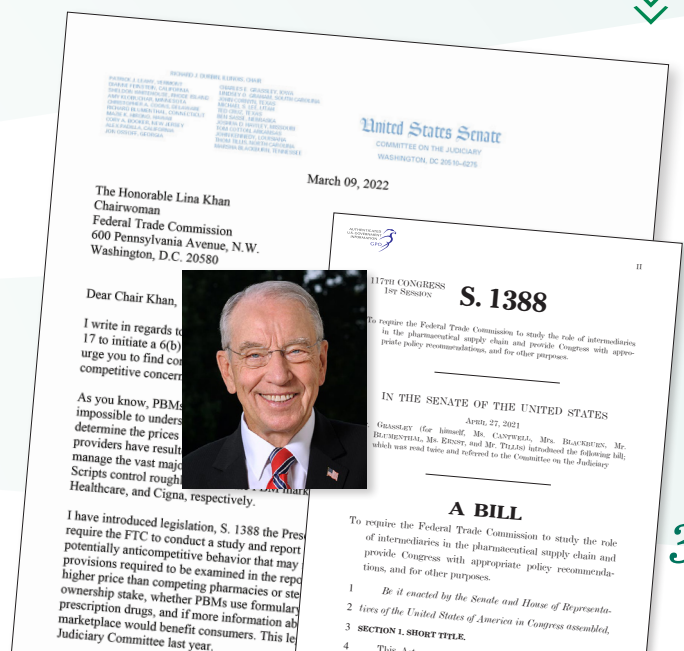
on Veterans' Affairs, sent a letter to the DOD blasting TRICARE changes that threaten beneficiaries' access to community pharmacies, especially in rural areas.

Rep. Mike Johnson (R-La.) sent a letter to the DOD citing

concerns about Express Scripts stripping local pharmacy access away from TRICARE families, especially in the areas surrounding Barksdale Air Force Base and Fort Polk in north Louisiana.

Sen. Grassley Urges the FTC to Move Ahead with PBM Study:

Sen. Chuck Grassley (R-Iowa) sent a letter to Federal Trade Commission Chair Lina Khan urging the FTC to move ahead with a 6(b) study on PBMs. NCPA has worked with Grassley for several years on his FTC study bill. The most current version is S. 1388, the Prescription Pricing for the People Act.



100 Bipartisan Members of the House and Senate Sent Another Letter to DOD led by Sen. Tom Cotton (R-Ark.) and Rep. Buddy Carter (R-Ga.) asking for answers about Express Scripts stripping local pharmacy access away from TRICARE families.

Senators Seek Clarity for Pharmacists as Regulatory Flexibilities Wind Down: Sens. Chuck Grassley (R-Iowa), Robert Casey (D-Pa.), Sherrod Brown (D-Ohio), John Barrasso (R-Wyo.) and Ben Ray Lujan (D-N.M.) sent a letter to CMS seeking clarification on the flexibilities that will be granted to pharmacists once the COVID-19 public health emergency designation ends.

Federal Legislation Introduced to Expand Access to Pharmacists Services: Reps. Ron Kind (D-Wis.), David B. McKinley (R-W.Va.), Nanette Diaz Barragán (D-Calif.), and Buddy Carter (R-Ga.) introduced the Equitable Community Access to Pharmacist Services Act. This legislation will help ensure patients can continue to access COVID-19 pandemic and pandemic-related health services from pharmacists and provide payments for these services. It would provide coverage for pharmacist services under Medicare Part B for COVID and flu vaccines; COVID, flu, strep and RSV testing; and COVID, flu and strep treatment.

LEGAL ACTIVITY

PBM REGULATION

PCMA fails to appeal 8th Circuit decision in *PCMA v. Wehbi*:

In July, PCMA chose not to appeal to the Supreme Court the 8th Circuit decision upholding certain North Dakota laws regulating PBMs. The decision of the 8th Circuit that held that ERISA does not preempt North Dakota's laws, and held that Medicare Part D only preempts a state law where that law overlaps with a specific Part D standard, is now the law of the land for North Dakota, South Dakota, Nebraska, Minnesota, Iowa, Missouri, and Arkansas.

NCPA files an amicus brief in *PCMA v. Mulready*: NCPA along with industry partners filed an amicus brief in support of the state of Oklahoma's efforts to regulate PBMs. PCMA backed away from its broad challenge and is now challenging only four provisions related to network adequacy. Oral arguments are set for January 2023.

REIMBURSEMENTS

CMS disapproves Washington's State Plan Amendment:

NCPA, NACDS, and the Washington State Pharmacy Association filed a suit to challenge CMS's original approval, and on remand from the court, CMS changed course and disapproved the SPA. Washington has appealed the CMS decision to the 9th Circuit and the parties are actively engaged in mediation to settle the matter.

REGULATORY ENFORCEMENT

FTC visits with independent community pharmacy:

FTC Chair Lina Khan sat for a fireside chat at NCPA's Annual Convention with NCPA CEO Douglas Hoey. The two discussed the FTC's role in regulating anticompetitive activity of PBMs.

LEGAL WINS

FTC VOTES UNANIMOUSLY TO SCRUTINIZE PBM BUSINESS PRACTICES

The FTC unanimously voted to launch a study that will scrutinize PBMs and their business practices. The move comes after more than 24,000 public comments were submitted in response to the FTC's request and means that PBMs will be asked to provide information and records regarding their business practices. The inquiry will examine the impact of vertically integrated PBMs on the access and affordability of prescription drugs.

Chair Khan met with NCPA members in a follow-on meeting to discuss specific issues related to PBM anticompetitive conduct. FTC Commissioner Alvaro Bedoya hosted a roundtable of independent community pharmacists and transparent PBMs to discuss conduct coming from insurers and their affiliated PBMs and pharmacies.

DOJ sues to block UHG/Change merger: The Department of Justice, along with the states of Minnesota and New York, filed a complaint against United and Change asking the court to find that the proposed acquisition violated antitrust law and to permanently stop United and Change from completing the deal. NCPA met with DOJ attorneys and publicly called for the merger to be blocked.

COVID-19

NCPA Joins Others in Requesting Extension of PREP Act

Flexibilities: NCPA joined 92 patient, public health, and state and national pharmacy groups in a letter asking the Biden administration for formal clarification from HHS on potential expiration of pharmacy personnel flexibilities granted during the pandemic. The letter asks that PREP Act authorities remain in place through Oct. 1, 2024.



NCPA Joins Stakeholders to Urge Additional Funds for

COVID-19 Uninsured Relief Fund: NCPA joined with 66 patient, provider, retail, and public health organizations in a letter to Senate and House leadership urging that they replenish the fund quickly. HRSA stopped processing claims for testing and treatment on March 22 and stopped accepting vaccination claims on April 5.

NCPA Joins Pharmacy Organization Letter on Test-and-Treat:

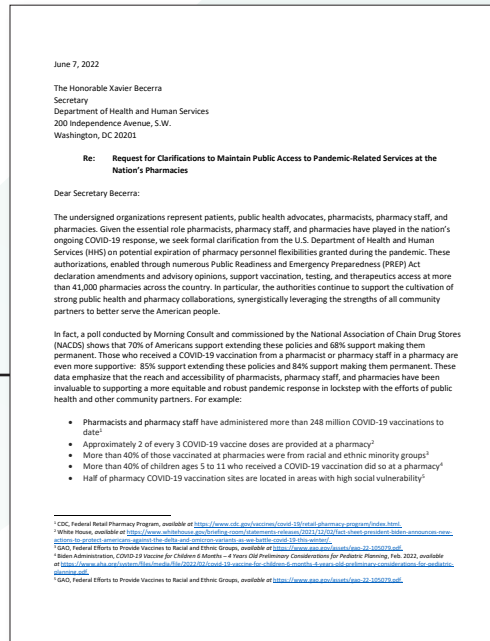
NCPA joined 13 other national pharmacy organizations on a letter to President Biden regarding his “test-and-treat” announcement. The organizations applauded the president for recognizing the opportunity pharmacies present in expanding access to oral antivirals but highlighted that only a few pharmacy locations are currently eligible. The pharmacy organizations called on the Food and Drug Administration to modify its EUA and remove the limitations on pharmacists from ordering these medications.

CMS Vaccination Mandate: A CMS vaccine mandate resource is now available on the NCPA website. The white paper, authored by NCPA and Brown & Fortunato law firm, is titled “Update on CMS Vaccination IFR.” The white paper provides detailed information on who is covered by the vaccine mandate, compliance deadlines, the CMS requirements, and records that need to be kept.

FDA Includes Pharmacists in Revised Paxlovid Prescribing Authority:

After months of advocacy from NCPA and other pharmacy organizations, the FDA revised the EUA for Paxlovid, authorizing state-licensed pharmacists to prescribe Paxlovid. This action allows pharmacists to prescribe Paxlovid to eligible patients with certain limitations as described in the FDA press release.

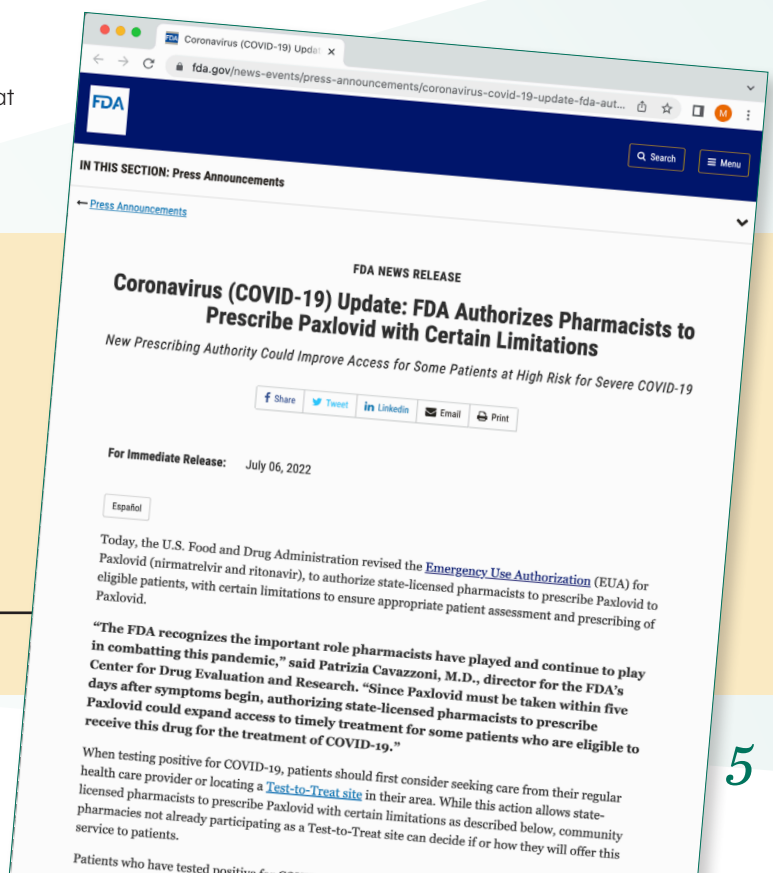
View the press release at bit.ly/fdapaxlovid.



Read the letter at bit.ly/covidflex

NCPA Requests CMS Action on Dismal Antiviral

Reimbursements: NCPA CEO Douglas Hoey sent a letter to CMS Administrator Chiquita Brooks-LaSure, asking for immediate intervention before independent pharmacies are forced to stop dispensing the oral antiviral drugs because they can't justify the cost to their business. In the letter, Hoey told the administration that fees paid to pharmacies range from \$10.50 on the high end, still far below the pharmacists' cost of dispensing, all the way down to \$1.



POLICY & REGULATORY AFFAIRS

CMS Releases Final Part D DIR Rule: While not perfect, this final rule is the latest chapter of years of advocacy by NCPA and member pharmacies for Part D changes that will make pharmacy reimbursement more transparent and predictable. We'll be rolling out additional webinars on this issue over the coming months as well as meeting with CMS related to key issues for pharmacists unaddressed via the rule.

NCPA Meets with CMS Administrator to Discuss Further DIR Reform: NCPA joined pharmacy allies APhA, NASP, NACDS, NGA, and FMI to discuss remaining issues we collectively have with the Medicare Part D DIR final rule. Topics discussed included: reasonable pharmacy reimbursement and impact on beneficiary access to pharmacies; the Part D bidding process; pharmacy performance evaluations and possible incentive payments; impact on pharmacy viability; proper reporting of pharmacy administrative service fees; and clarity regarding pharmacy claims processes.

NCPA Hosts Strategy Session on Next Steps for Medicare Part D: NCPA held its Independent Pharmacy Stakeholders Virtual Meeting on Medicare Part D Reform Next Steps on Aug. 3. The meeting included NCPA board of directors/officers, NCPA regional chain advisory group members, NCPA steering committee members, and members of the PSAOs and buying groups.

NCPA Advocates for Patient Access to Medically Necessary Medications: NCPA joined the AMA, APhA, and ASHP on a joint statement raising concerns about state laws that limit patients' access to medically necessary medications and impede physicians and pharmacists from using their professional judgment in the wake of the Dobbs v. Jackson Women's Health Organization decision.

DSCSA Resources for Dispensers Now Available in One Place: As the Drug Supply Chain Security Act's Nov. 27, 2023 interoperability deadline approaches, NCPA along with APhA, ASHP, HDA, NABP, Partnership for DSCSA Governance and the Pharmaceutical Distribution Security Alliance developed a website to compile a range of resources for dispensers. It includes checklists, podcasts and webinars to ensure dispensers are prepared to comply with the law. It also provides an overview of DSCSA, key milestones and DSCSA's definition of a dispenser.



Find resources at dscsa.pharmacy

NCPA Provides Information on the Value of Independent Pharmacies to CMS: NCPA submitted comments to a request for information from the CMS regarding Medicare Advantage. For the first time in its history, enrollment in Medicare Advantage prescription drug plans outnumbered enrollment in standalone prescription drug plans.

NCPA Submits Comments to Physician Fee Schedule: The comments included asking CMS to reduce barriers for pharmacists providing services including diabetes self-management training, continuous glucose monitoring, the Medicare Diabetes Prevention Program, and annual wellness visits.

NCPA Submits Comments to FDA on Track-and-Trace: NCPA submitted two comments to FDA on its proposed guidance to the track-and-trace law – one on interoperability, and one on trading partners.

NCPA Submits Comments to FDA on Opioid Mail-Back Envelope and Safe Education Proposed Program: NCPA submitted comments to FDA on its proposed program regarding mail-back envelopes and education on safe disposal with opioid analgesics. NCPA asked FDA to not move forward with the proposals, or at the very least make them part of a strictly voluntary program, to minimize burden on pharmacies, to avoid redundancies with existing programs, and to address various concerns. NCPA also advocated for any program implemented to be accompanied by compensation for pharmacies, and that any waste/unused medication should not go back to pharmacies.



Survey Shows Pharmacists Generally Unprepared for DSCSA Requirements Taking Effect in November 2023:

NCPA surveyed roughly 8,000 pharmacy owners on their overall knowledge of and preparation for the DSCSA interoperability requirements to take effect on Nov. 27, 2023 and received 256 responses. The survey results unfortunately revealed a general lack of knowledge and readiness.

FDA Delays Enforcement of Vet Compounding Guidance to April 2023 at NCPA Urging:

The Center for Veterinary Medicine at FDA has agreed to delay the enforcement of animal compounding GFI 256, "Compounding Animal Drugs from Bulk Drug Substances – Guidance for Industry," to April 2023. Enforcement had originally been slated to start on Oct. 1, 2022.

FDA Issues Final Rule on Over-The-Counter Hearing Aids:

FDA issued a final rule establishing a regulatory category for over-the-counter hearing aids. NCPA had supported this in its comments to the proposed rule back in January. The new OTC category applies to certain air-conduction hearing aids intended for people 18 years of age and older who have perceived mild to moderate hearing impairment. The effective date for the final rule is Oct. 17.

NCPA Scores Major Win With PCAC Recommending that FDA Include Glutathione to the 503A Bulks List:

FDA's Pharmacy Compounding Advisory Committee recommended that FDA approve glutathione for inclusion on the 503A Bulks List. NCPA member A.J. Day, with PCCA, presented on behalf of PCCA and NCPA, and NCPA submitted a statement in support of Day's testimony. NCPA strongly supported the inclusion of glutathione on the 503A Bulks List, and originally nominated it for inclusion in 2014.

NCPA Provides Statements on Compounding at FDA

Annual Listening Session: This session was an opportunity for stakeholders to voice their views on compounding to the FDA. NCPA members Cheri Garvin and Steven Hoffart provided statements. NCPA coordinated its statements with the APC, APhA, and PCCA, and NCPA also submitted its own statement for the record.

NCPA Submits Follow-Up Comments to Medicare Part D Final Rule:

NCPA submitted technical comments in follow up to the Medicare Part D final rule. NCPA's comments were in response to CMS seeking feedback on proposed updates to the Prescription Drug Event file size and layout. The expansion of the PDE file is the first increase in file length since the PDE file structure was implemented in 2006. The PDE data are not the same as individual drug claim transactions but are summary extracts using CMS-defined standard fields.

PHARMACY VISITS

On a visit to Washington, D.C., then-NCPA President Michele Belcher met with Sen. Ron Wyden (D-Ore.). They were joined by then-NCPA Senior VP of Government Affairs Karry La Violette and NCPA CEO Douglas Hoey. Belcher has long been active in NCPA's advocacy efforts such as its annual Congressional Pharmacy Fly-In, and through the years steadily developed a rapport with Wyden's staff and then the senator himself. This meeting was held after visits Wyden made to Belcher's pharmacy in Grants Pass, Ore., where drug pricing issues were discussed. Wyden visits at least once annually and three times in the last year. It's not unusual for Belcher to get a call telling her about legislation that's been proposed and asking how it might affect community pharmacy.



NCPA member Danny Cottrell and his staff hosted a pharmacy visit with Rep. Jerry Carl (R-Ala.) at Semmes Pharmacy in Semmes, Ala. Cottrell shared information on the ever-increasing DIR fees affecting the pharmacy. Semmes Pharmacy has given over 14,000 COVID-19 vaccines. Additionally, Carl received a flu shot while visiting the pharmacy.

PROFESSIONAL AFFAIRS

National Council for Prescription Drug Programs: NCPA participates in the standards development process at NCPDP. This ensures that the voice of the community pharmacist is part of the conversation in discussion to maintain and update the telecommunication retail prescription claim standard, the SCRIPT e-prescribing standard, and other electronic communication standards relevant to the pharmacy industry. Notably, NCPA participation improved the processes for billing COVID-19 vaccines, treatments and related services. In addition, NCPA and the NCPA Foundation have collaborated with NCPDP on a grant from the Community Pharmacy Foundation enhance participation of individual community pharmacists at NCPDP.

Pharmacy Health Information Technology Collaborative: NCPA is a founding member of the Pharmacy Health Information Technology Collaborative and is active on the Collaborative Council, Steering Committee and work groups. The purpose of the Pharmacy HIT Collaborative is to advance pharmacists' delivery of person-centered, team-based care by assuring widespread implementation of interoperable IT that facilitates efficient workflows, robust health information exchange, meaningful quality measurement, and sustainable financial models across practice environments. NCPA members who want to be involved with one of the collaborative work groups should contact NCPA.

State government affairs

NCPA Continues Working with NAIC on PBM Issues:

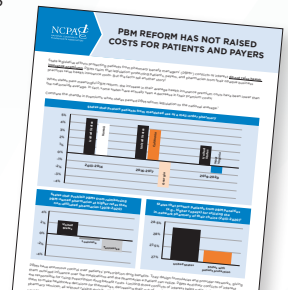
NCPA presented to the National Association of Insurance Commissioners' PBM Regulatory Issues Subgroup on obstacles to robust enforcement of state PBM laws. Additionally, in a letter to NAIC, NCPA and 41 state pharmacy associations called on the organization to create accurate education material regarding the U.S. Supreme Court Rutledge decision.

Florida Re-Evaluating State PBM Contracts: Florida Gov. Ron DeSantis (R) announced plans to sign an executive order that would hold PBMs accountable and provide drug cost transparency. Community pharmacy advocates, including NCPA, provided comments pointing out that PBMs' inherent conflicts of interest.

NCPA One-Pager Shows PBM Reform Does Not Raise Costs:

A new NCPA resource confirms that controlling PBM conflicts of interest does not raise costs for patients or payers. The one-pager compares changes in health insurance premiums in states that enacted PBM reform to the average changes in health insurance premiums nationwide.

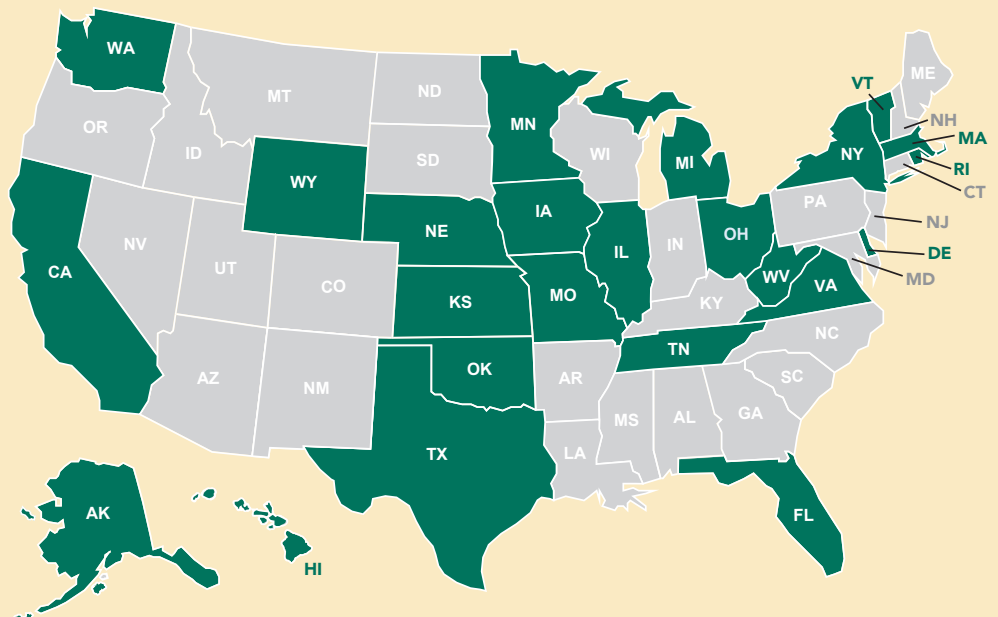
For a copy of the one pager, please visit ncpa.org/pbmreform.pdf.



NCPA Resource Helps Find State Laws Addressing PBM Oversight:

NCPA State Government Affairs was active in the following states in 2022:

Alaska	Nebraska
California	New York
Delaware	Ohio
Florida	Oklahoma
Hawaii	Rhode Island
Illinois	Tennessee
Iowa	Texas
Kansas	Vermont
Massachusetts	Virginia
Michigan	Washington
Minnesota	West Virginia
Missouri	Wyoming



NCPA Recaps 2022 State Legislative Wins: NCPA released its annual report on major pieces of state legislation addressing Medicaid managed care reform, PBM reform and expansion of scope of practice/payment for services, passed since January 2022. This resource contains bill summaries, as well as links to the actual legislation (ncpa.org/state-resources-and-information).

PBM ENFORCEMENT REGULATORY COMMENTS

NCPA Provides New York State with Regulatory Recommendations to Address Patient-Steering by Pharmacy Benefit Managers: NCPA provided recommendations to New York State's Pharmacy Benefits Bureau addressing the anticompetitive practice of patient-steering. NCPA urged the state to prohibit practices such as coercive copay structures, mandatory use of pharmacies and limitations on bulk purchasing. The comments emphasized the fact that these practices are anticompetitive and remove patient choice, prevent local health care providers from competing for patients' business, and increase costs for plan sponsors and consumers. It was the third time in summer 2022 that NCPA submitted comments to the bureau in response to multiple requests for information.

NCPA Provides New York State with Regulatory Recommendations to Address Application of State Insurance Laws to Medicare Part D Plans: NCPA provided guidance on the application of state insurance laws to PBMs administering benefits to Medicare Part D plans. This is extraordinarily important because states are just beginning to realize their authority to regulate PBMs administering Part D plans, as that authority was confirmed in *PCMA v. Wehbi* (8th Circuit Court of Appeals).

NCPA Responds to New York State Request for Information on PBM Transparency: NCPA submitted a response to the New York Department of Financial Services' request for information regarding PBM transparency. NCPA highlighted the importance of rules requiring PBMs to disclose certain benefit information to their plan sponsor clients. Information on PBM conflicts of interest, pharmacy reimbursements, price concessions, and other topics allow plan sponsors to prevent PBM abuses.

PBM REFORM LEGISLATION

Maryland Report Says PBM Laws not Preempted by ERISA: The Maryland Insurance Administration released a report concluding that, if the state were to apply its PBM laws to PBMs serving ERISA plans, enforcement of those laws would not be preempted by the federal ERISA law.

Florida HB 357: Permits a pharmacy to appeal the findings of a pharmacy audit; creates penalties for PBMs that fail to register with the state.

Iowa HF 2384: Prohibits a PBM from collecting any form of remuneration from a network pharmacy; prohibits a PBM from reimbursing its affiliated pharmacies at higher rates than non-affiliated pharmacies; and prohibits a PBM from retroactively reducing a claim.

Kansas SB 28: Requires a PBM to obtain a license from the state; strengthens the state's authority to penalize PBMs that violate the law.

PHARMACY VISITS



Rep. Joyce Beatty (D-Ohio) visited Happy Druggist in Columbus, Ohio, where she met with pharmacy manager Kristie Holliday, owner Joe Craft, and staff. Beatty was interested in hearing about several pressing issues pharmacies and patients face every day. Topics included the high cost of prescription drugs, unpredictable copays, the "donut hole" with Medicare Part D, DIR clawbacks, decreasing reimbursement from insurances, and ongoing COVID-19 challenges, such as drug supply chain issues and staffing shortages.

CENTENE SETTLEMENTS

Over the last two years, Centene has entered into settlements with 17 states for overcharges to the state Medicaid program, totaling around \$900 million. In 2021, it was announced that Centene had put aside \$1.25 billion for settlements with states.

Arkansas – \$15.2M

California – \$215M

Iowa – \$44M

Illinois – \$56.7M

Indiana – \$66.5M

Kansas – \$27.6M

Louisiana – \$64.2M

Massachusetts – \$14M

Mississippi – \$55M

Nebraska – \$29.4M

Nevada – \$11.3M

New Hampshire – \$21.1M

New Mexico – \$13.7M

Ohio – \$55M

Oregon – \$17M

Texas – \$165.6M

Washington – \$33.3M

Michigan HB 4348: Requires PBMs to obtain a license from the state; establishes fair pharmacy audit and MAC transparency procedures; requires a PBM to disclose potential conflicts of interest to plan sponsors; requires a PBM to establish reasonable and adequate retail pharmacy networks; prohibits a PBM from conducting spread pricing; prohibits a PBM from discriminating against non-affiliated pharmacies; prohibits gag clauses and copay clawbacks; requires PBMs to file transparency reports; prohibits a PBM from establishing pharmacy accreditation standards that are more stringent than those required by the state; and protects a pharmacy's right to offer delivery services.

Nebraska LB 767: Requires PBMs to obtain a license from the state; establishes fair pharmacy audit and MAC transparency procedures; and prohibits gag clauses and copay clawbacks.

Oklahoma SB 737: Prohibits a PBM from engaging in spread pricing; prohibits a PBM from charging a pharmacy a network participation fee; requires a PBM to file drug pricing transparency reports with the state and plan sponsors; and strengthens the insurance commissioner's authority to penalize PBMs that violate the law.

Tennessee HB 2661: Prohibits a PBM from reimbursing a pharmacy in an amount that is below the drug's acquisition cost; requires a PBM to reimburse certain "low-volume" pharmacies a professional dispensing fee that equals the Medicaid dispensing fee; prohibits a PBM from steering patients to a particular pharmacy; and requires a PBM to allow a pharmacy into a preferred network if it is willing and able to meet the terms of participation.

Vermont H.353: Establishes that PBMs owe a fiduciary duty to plan sponsors; prohibits a PBM from imposing gag clauses; prohibits a PBM from reimbursing its affiliated pharmacies at higher rates than non-affiliated pharmacies; prohibits a PBM from imposing additional requirements above those required by the state for network participation; requires a PBM to permit a pharmacy to dispense all drugs that the PBM's affiliate is permitted to dispense; prohibits a PBM from steering patients to a particular pharmacy; and requires the state to study the need for additional PBM regulations.

West Virginia HB 4112: Prohibits a PBM from steering patients to a particular pharmacy; and prohibits PBMs from creating arbitrary definitions of "specialty drug."

MEDICAID MANAGED CARE REFORM LEGISLATION

Kentucky HB 1: Requires the state to issue reports on PBM performance in the Medicaid managed care program.

Kentucky SB 178: Requires the state to enter into a contract with an entity to monitor the PBMs serving the public employees' health benefit program.

Louisiana SB 83: Establishes the Council on Medicaid Pharmacy Reimbursement, which will review Medicaid reimbursement data and trends and recommend changes to cover the reasonable and appropriate costs of providing pharmacy services to Medicaid beneficiaries.

California: Effective Jan. 1, 2022, the California Medicaid pharmacy program transitioned (carved out) from managed care to fee-for-service. California estimates the carveout will save at least \$150 million a year.

Ohio: Effective Oct. 1, 2022, the Ohio Medicaid managed care program will have a single PBM administering the pharmacy benefit. This move will allow better state oversight of the Medicaid pharmacy program while continuing in managed care. Additionally, reimbursements will be more closely aligned with acquisition costs and include a professional dispensing fee.

SCOPE OF PRACTICE EXPANSION/COMPENSATION FOR SERVICES/ LEGISLATION PREP AUTHORITIES

Florida HB 1209: Authorizes pharmacy technicians to administer vaccines listed on the CDC adult immunization schedule.

Pennsylvania HB 2676: Authorizes pharmacists to independently administer COVID-19 and influenza vaccines to individuals 5 years of age and older; and extends vaccine authorities to pharmacy technicians under supervision.

Virginia SB 672: Allows pharmacists to administer vaccines on the CDC immunization schedule to individuals 3 years and older.

Wyoming SF 24: Authorizes the administration of immunizations by pharmacy technicians and pharmacy interns.

PROVIDER STATUS & PAYMENT FOR SERVICES

Alaska HB 145: Clarifies pharmacists' ability to provide services for general health and wellness outside of a collaborative practice agreement and recognizes pharmacists as providers.

Maryland HB 1219: Includes pharmacists in the definition of "health care provider" and requires the state insurance commissioner to establish a workgroup to identify requirements necessary for the reimbursement for pharmacists within their scope of practice.

Oklahoma HB 2322: Includes pharmacists in the definition of "essential community providers" and authorizes that pharmacists receive direct payment or reimbursement from the state Medicaid program for services at no rate less than other providers for the same service.

Maryland: The State Insurance Commissioner established a workgroup to discuss the barriers to pharmacy reimbursement, the definition of "health care provider," and credentialing of pharmacists as medical care practitioners. A report on the commissioner's findings is due to the Maryland Senate Finance and Maryland House Health and Government Operations Committee on or before Dec. 31, 2022.

PHARMACY VISITS



Ira Katz (second from left), owner of Little Five Points Pharmacy in Atlanta, welcomed Sen. Raphael Warnock (D-Ga.), at center, for a visit to discuss the *Affordable Insulin Now Act*, of which he is a co-sponsor. Also pictured from left are Bob Coleman, CEO of the Georgia Pharmacy Association; Blaire Carter, clinical pharmacist, and Jonathan Marquess, AIP director and member of the NCPA Board of Directors.

ADVOCACY COMMUNICATIONS

Nebraska: The Nebraska Department of Health and Human Services created a group to review state statute to expand immunization authority among pharmacy technicians under the supervision of a licensed provider.

EXPANDING SCOPE OF PRACTICE

Illinois HB 4430: Authorizes pharmacists to initiate, dispense and administer drugs, laboratory tests, assessments, referrals, and consultations for HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

Kansas HB 200: Amends the Pharmacy Act of Kansas to include point-of-care testing for and treatment of certain health conditions, such as flu, strep and UTIs.

Maryland HB 229: Permits pharmacists to administer an “injectable medication for treatment of a sexually transmitted infection” that is not a biological product.

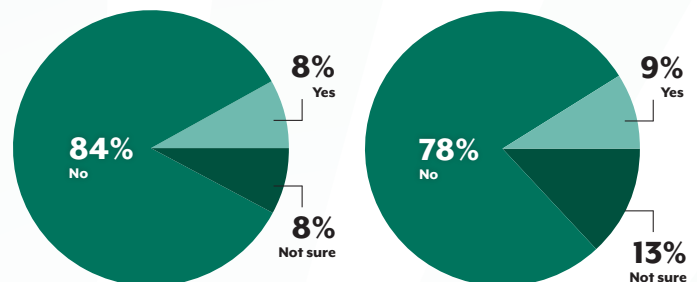
Maryland SB 62: Allows pharmacists to prescribe and dispense FDA-approved “nicotine replacement therapy medication.”

South Carolina S 628: Allows pharmacists to dispense self-administered and injectable hormonal contraception without a prescription. Pharmacists’ services are covered by the state Medicaid program.

Wyoming SF 101: Permits pharmacists to prescribe epinephrine auto-injectors and other opioid antagonists.

NCPA Survey Shows Patients Strongly Disapprove of PBM Practices:

According to a national survey of 716 registered voters, conducted by Public Policy Polling, 84 percent say health insurance plans and their PBMs shouldn’t tell patients which pharmacies to use, a practice known as patient-steering. More specifically, 78 percent say insurance plans and PBMs shouldn’t require patients to use pharmacies owned by insurance plans and PBMs or be allowed to require patients get their medicines through the insurance company’s mail-order pharmacy.



Should insurance plans tell patients which pharmacies to use, or not?

Should insurance plans and PBMs require patients to use pharmacies owned by insurance plans and PBMs, or not?

Column Urges FTC to Reconsider PBM Vote: In a column published in The Hill, NCPA CEO Douglas Hoey and Rep. John Rose (R-Tenn.) explain how decades of vertical integration have damaged community pharmacy and patients. NCPA submitted comments for the FTC to move forward with the proposed 6(b) study as originally planned.

NCPA Launched Ad Targeting PBMs: NCPA launched a TV ad in multiple states and the District of Columbia as part of a coordinated effort with state pharmacy associations. The ad urged seniors and other pharmacy customers to tell their senators to stop health insurance plan-owned-PBMs from charging discriminatory and unfair fees that put local pharmacies out of business and limit patient access to prescription medications and the pharmacy of their choice.



Sent approximately 90 press releases on subjects including the Medicare Part D rule and our lawsuit on pharmacy DIR fees, the UnitedHealth-Change proposed merger, FTC/PBM issues, marketing events, and the 2022 NICE Awards winners. Senate legislation to empower FTC action on PBMs, NCPA’s new PBM Complaints tool, the FDA’s revised EUA.

External Stakeholder Engagement

NCPA Co-Hosted FTC Event with American Economic Liberties

Project: NCPA President Michele Belcher and NCPA member Randy McDonough had the opportunity to discuss the FTC 6(b) study on PBMs before an audience that included keynote speakers FTC Chair Lina Khan, Sen. Sherrod Brown (D-Ohio) and Rep. Buddy Carter (R-Ga.).

NCPA joined the Patient Pocket Protector Coalition, a group organized to increase awareness and shape policy in PBM rebate reform.

NCPA assisted the Institute for Local Self Reliance in securing panelists for an event featuring FTC Commissioner Alvaro Bedoya and Minnesota Attorney General Keith Ellison.

NCPA Built Relationships with New Influential Organizations in 2022, Including:

Association of Mature American Citizens
Free2Care Coalition
Military Officers Association of America
Veterans of Foreign Wars

NCPA Staff Continued to Attend Key Events and/or Present to Outside Stakeholders, Including:

American Medical Association
AmeriSource Bergen Thoughtspot
Cardinal RBC
Georgia Pharmacists Association
Gerimed
GSI
HDA Traceability Forum
Japan Institute for Health Economics and Policy
JCPP
Legacy Pharmacy Group
McKesson IdeaShare
Montana Pharmacy Association
NAIC
NCOIL
NCPDP
NPSC
PDG Tabletop
Pharmacy Quality Alliance
PTCB
Surescripts Network Alliance Forum
Virginia Pharmacists Association
West Virginia Pharmacists Association

Grassroots Engagement

Calls to Action: For 2022, 15 calls to action were sent to members on federal and state priorities resulting in over 20,000 email messages and countless phone calls made to legislative offices.

Notable Grassroots Campaigns Included:

- Alert sent to members urging them to contact their legislators about signing onto a joint congressional letter to TRICARE about the changes to the pharmacy network by ESI, resulting in more than 6,700 messages sent to congressional offices
- Alert sent targeting senators urging cosponsorship of S. 4293, the Pharmacy Benefit Manager Transparency Act of 2022, resulting in over 6,400 comments submitted to senate offices.
- Alert urging members to submit comments on DIR provisions of proposed Part D rule, resulting in over 3,750 comments submitted to the regulatory docket.

6,700 messages
sent to congressional offices

6,400 comments
submitted to senate offices

3,750 comments
submitted to the regulatory docket

Continued on following page



Michele Belcher visits with CMS Administrator Chiquita Brooks-LaSure at River Road Health Mart Pharmacy in Eugene, Ore., in August.



Michele Belcher with Wyden at River Road Health Mart Pharmacy in Eugene, Ore., in August.



Rep. James Comer (R) visits Tom's Family Pharmacy in Hopkinsville, Ky.



Marc Ost and Eric Abramowitz, co-owners of Eric's Rx Shoppe in Horsham, Pa., visit with Sen. Bob Casey (D) seated at far right. Also attending is Anne Cassity, NCPA senior vice president of government affairs.



Rep. Elise Stefanik (R), second from left, visits Condo Pharmacy in Plattsburgh, N.Y. Condo is owned by Steve Moore.



Rep. Mike Carey (R), at center, visits with manager Elaina Zuelke and owner Joe Craft at Happy Druggist in Ohio.



Rep. Don Beyer (D), second from right, visits the Neighborhood Pharmacy in Alexandria, Va. Pictured from left are NCPA CEO Douglas Hoey, co-owner Barbara Hayward, founder and co-owner Stacey Swartz, and NCPA General Counsel Matthew Seiler.



Circle Pharmacy, LLC, in Philadelphia, and owner Gwendolyn O'Neill (in white coat) hosted a press conference for Rep. Brendan Boyle (D), at left; Rep. Dwight Evans (D); and advocate Max Richman. Boyle announced his support of H.R. 7213.



Rep. Mariannette Miller-Meeks (R), fourth from right, visits NuCara Pharmacy in Iowa.

THE ENGINES THAT FUEL NCPA'S ADVOCACY SUCCESS

The NCPA Legislative/Legal Defense Fund



2022 saw continued shifts in the political landscape with favorable winds gaining speed behind community pharmacy's advocacy agenda; all funded by hundreds of Legal/Legislative Defense Fund investors. The LDF supports NCPA's entire advocacy operation: research, lobbyists, attorneys, communications, the whole ball of wax. The better funded the LDF, the more resources and influence we can put toward getting our priority legislation passed and friendly regulations adopted while defending pharmacy practice in key litigation. With the media and political spotlight shifting to how PBMs create higher prescription drug costs, the timing has never been better for us to advance that agenda. These crucial avenues for community pharmacy progress were underwritten by hundreds of contributors to the Legislative/Legal Defense Fund.

Major investors in the LDF for calendar year 2022 included the following.
To become one of them, visit www.ncpa.org/ldf and invest.

LDF PLATINUM INVESTORS

(\$200,000 or more in corporate funds annually)

AmeriSourceBergen Corp.
Compliant Pharmacy Alliance Cooperative
PhRMA

LDF GOLD INVESTORS

\$100,00 - \$199,999 in corporate funds annually)

AIDS Healthcare Foundation
Cardinal Health
Gerimed
McKesson Corporation

LDF SILVER INVESTORS

(\$50,000 - \$99,999 in corporate funds annually)

American Associated Pharmacies
American Pharmacy Cooperative, Inc.
Independent Pharmacy Cooperative
PCCA
RxSafe, LLC

LDF BRONZE INVESTORS

(\$25,000 - \$49,999 in corporate funds annually)

Innovatix, LLC
Liberty Software
Pharmacy Providers of Oklahoma (PPOk)

LDF PARTNER INVESTORS

(\$5,000 - \$24,999 in corporate funds annually)

American Pharmacies
KeySource
Value Drug Co.

In 2022 NCPA's LDF funded the following major initiatives:

- Multistate ad campaign targeting PBMs
- NCPA's advocacy engagement with the FTC
- Legal activity in the *PCMA v. Wehbi* and *PCMA v. Mulready* lawsuits

LDF MVP INVESTORS

(\$5,000 or more in personal funds annually)

Thomas Cory, Fall River, Mass.
Boyd Ennis, Mountain Brook, Ala.
Tim Finley, Benton, Ark.
Ben Flanagan, Acworth, Ga.
Robert Greenwood, Waterloo, Iowa
Tom Haas, Oskaloosa, Iowa
Richard Harmon, Clarksville, Ark.
Cynthia Hedden, Sheridan, Ark.
Michael Holtz, Delton, Mich.
Anne Hutchens, Newport News, Va.
Bob Mabe, Ashville, Ohio
Nicole McNamee, Williamson, W.Va.
Michael Minesinger, Peoria, Ill.
Eric Norberg, Southwest Harbor, Maine
Raymond Reynolds, Greenbrier, Ark.
Sara Shelley, Woodland, Calif.
Brian Smith, Monticello, Ark.
Jason Underwood, Shelbyville, Ky.
Gary Wientjes, Lexington, Ky.
Mark Williams, Washington, Ind

The NCPA Political Action Committee



The NCPA PAC supports candidates who think as you do, who understand the challenges of running a business and squeezing every nickel, so you can serve your patients well. Supporting those candidates means funding campaigns and that's what the NCPA PAC does. To be effective requires a strong, well-funded PAC. Your personal investment in the NCPA PAC means it will have enough money to help fund congressional campaigns and build NCPA influence. Pro-pharmacy elected officials will be much more willing to consider the evidence we present concerning PBM abuses – and do something about it.

PAC Highlights

- **NCPA PAC Participated in Over 165 Events:** Through the support of NCPA members, NCPA PAC representatives participated in over 165 events virtually, in Washington, D.C., and across the country.
- **NCPA PAC Volunteers Raised Over \$100,000 for NCPA PAC:** We're grateful to the following NCPA leaders, who donated their time as callers in our annual NCPA PAC Telethon hosted at Committee Forum. Together, they raised more than \$100,000 for the PAC. Thank you to the callers: Michele Belcher, Grants Pass, Ore.; Raj Chadua, Frisco, Texas; Danny Cottrell, Brewton, Ala.; NCPA PAC Chairman Steve Giroux, Middleport, N.Y.; Joe Greenwood, Waterloo, Iowa; Carter High, Rhome, Texas; Brian Hose, Sharpsburg, Md.; Nasir Mahmood, White Plains, N.Y.; Jonathan Marquess, Woodstock, Ga.; Ben McNabb, Eastland, Texas; Steve Moore, Plattsburgh, N.Y.; Marc Ost, Horsham, Pa.; Dared Price, Winfield, Kan.; Kristen Riddle, Greenbrier, Ark.; Brittany Sanders, Little Rock, Ark.; Ashley Seyfarth, Bloomfield, N.M.; Christian Tadrus, Moberly, Mo.; Ken Thai, San Marino, Calif.; Justin Wilson, Midwest City, Okla.; Lea Wolsoncroft, Hoover, Ala.; Hashim Zaibak, Milwaukee, Wis.

The following donors are major investors in the NCPA PAC for calendar year 2022. To learn more about the PAC, visit ncpa.org/ncpa-pac.

PAC MVP INVESTORS

(\$5,000 in personal funds annually)

Michele Belcher, Grants Pass, Ore.
 Michael Bellesine, El Dorado, Kan.
 Jay Blackburn, Stoughton, Wis.
 Brian Caswell, Baxter Springs, Kan.
 Hugh Chancy, Hahira, Ga.
 Danny Cottrell, Brewton, Ala.
 Boyd Ennis, Birmingham, Ala.
 Stephen Giroux, Middleport, N.Y.
 Robert Greenwood, Waterloo, Iowa
 Jeffrey Harrell, Long Beach, Wash.
 B. Douglas Hoey, Alexandria, Va.
 Ed Horton, Stephenville, Texas
 Jonathan Marquess, Woodstock, Ga.
 Bill Osborn, Miami, Okla.
 Darrin and Deb Silbaugh, Harrisburg, Pa.
 Ken Thai, San Marino, Calif.

PAC CHAMPION INVESTORS

(\$2,500 - \$4,999 in personal funds annually)

Ralph Bouvette, Frankfort, Ky.
 Danny Dang, New York
 John Gross, Clare, Mich.
 Greg Johansen, West Des Moines, Iowa
 Victor Johnson, Augusta, Ga.
 Randal Johnson, Baton Rouge, La.
 Richard Moon, Jamestown, N.Y.
 Mike Vinson, Montgomery, Ala.
 Fred Sandlin, Hamilton, Ala.
 Justin Wilson, Midwest, Okla.

ADVOCACY CENTER STAFF DIRECTORY



THE NCPA ADVOCACY CENTER

As The Voice of the Community Pharmacist®, NCPA harnesses the power of thousands of community pharmacists to advocate for you and the patients you serve. From the state house to the White House, and from Congress to the courts, NCPA's Advocacy Center has got your back.

ANNE CASSITY, JD

Senior Vice President, Government Affairs

703-600-1180

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- Federal and state legislative and regulatory advocacy strategy
- Public affairs strategy and outreach
- Political strategy
- U.S. Senate and House of Representatives lobbying
- NCPA Political Action Committee Treasurer

Federal Policy

RONNA HAUSER, PHARM D

Senior Vice President, Policy & Pharmacy Affairs

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- Federal and state regulatory and legislative strategy
- Public policy initiatives and strategy
- Professional affairs relationships and activities, including CMS, DEA, DHA, FDA, and HHS

STEVEN POSTAL, JD

Director, Policy & Regulatory Affairs

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- Federal legislative and regulatory review, legal research, comment, testimony, and correspondence
- Public policy position support
- Legislative and regulatory issue tracking at federal level
- Medicare Part B, Drug Supply Chain Security Act, provider status, and biosimilars
- Small business (health care)

LISA SCHWARTZ, PHARM D

Senior Director, Professional Affairs

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- Drug Supply Chain Security Act (DSCSA) compliance and workflow issues
- NCPDP: Telecommunication billing standard and SCRIPT e-prescribing standard
- Disaster relief (NCPA Foundation)

JESS SATTERFIELD, PHARM D, MBA

Associate Director, Policy & Pharmacy Affairs

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- Advocacy Center resources explaining the independent pharmacy industry
- Legislative and regulatory issue tracking
- Pharmacy access issues; USC-NCPA Pharmacy Access Initiative
- Biosimilars
- Research pertaining to NCPA priorities
- Advocacy and regulatory education

Federal Legislation

ADAM HARBISON

Senior Director, Congressional Affairs

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- Leads congressional advocacy/federal government affairs
- NCPA political strategy
- U.S. Senate and House of Representatives lobbying
- NCPA Committee on National Legislation

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- U.S. Senate and House of Representatives lobbying
- Federal government affairs
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State Advocacy

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- Issues: Medicaid managed care and fee-for-service, state-level PBM legislation and oversight, state department of insurance enforcement
- Leads state advocacy efforts
- Bill review and drafting
- Testimony and letters of support/opposition
- State issue briefs and resources
- NCPA Committee on State Legislation

BELAWOE AKWAKOKU

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- Issues: Scope of practice and compensation for services/pharmacy practice, compounding, state boards of pharmacy
- Bill review
- Testimony and letters of support/opposition
- State issue briefs and resources
- State legislative and regulatory activity tracking
- NCPA Committee on State Legislation

Political & External Affairs

MICHAEL RULE

**Associate Director,
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- Pharmacy visits by members of Congress
- Federal and state grassroots calls-to-action
- Grassroots issue briefs
- Third-party advocacy
- Federal advocacy materials

ERIC NIELSEN

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- Political affairs strategy and coordination
- NCPA PAC development and administration
- NCPA LDF development and partnerships

REYONAH PULLIAM

Political Affairs Manager

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- Member outreach
- PAC and LDF support
- General advocacy administrative support

Legal

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- NCPA legal counsel

Communications & Public Affairs

JACK MOZLOOM

**Vice President, Public Affairs
& Marketing**

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- Communications strategy and execution
- Marketing strategy and execution
- Public and media relations

ANDIE PIVARUNAS

**Deputy, Communications &
Marketing**

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- Media relations
- NCPA spokesperson
- Press releases, op-eds and blogs
- Marketing
- Social Media

Support NCPA's Advocacy Efforts By:

- Taking grassroots action through NCPA's Legislative Action Center (ncpa.org/legislative-action-center)
- Supporting the NCPA PAC (ncpa.org/pac)
- Contributing to the NCPA LDF (ncpa.org/ldf)

NOTES:

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