



2026

INDEPENDENT COMMUNITY PHARMACY LEGISLATIVE PRIORITIES

2026 SENATE PRIORITIES

We are appreciative of the PBM reforms Congress passed as part of the *Consolidated Appropriations Act*. There are further PBM reforms that require congressional attention. **The National Community Pharmacists Association urges members of the Senate to support and swiftly pass:**

- Medicaid managed care payment reform/spread pricing ban – Moves to a fair and transparent pharmacy reimbursement system in Medicaid managed care programs based on average acquisition costs plus the state's Medicaid fee-for-service dispensing fee. This legislation requires all pharmacies to respond to the National Average Drug Acquisition Costs (NADAC) survey.
 - As included in S. 927, the *Protecting Pharmacies in Medicaid Act*
- S. 4106, the *Rx Access, Choice, Cost Equity, and Supply Stability (RX ACCESS) Act*:
 - Introduced by Sens. Tom Cotton (R-Ark.) and Tim Kaine (D-Va.). Strengthens access for Tricare beneficiaries by restoring pharmacy choice, protecting independent pharmacies from unfair reimbursement practices, and increasing transparency across Tricare's pharmacy contractor system by moving to a reimbursement no lower than NADAC plus their state's Medicaid fee for service dispensing fee.
 - This legislation also requires an annual audit of the Tricare PBM data. Express Scripts (ESI) has held the Tricare pharmacy contract since 2009. In that time the Defense Health Agency (DHA) has never audited ESI's management of the program, even though a February 2025 Government Accountability Office report recommended that DHA improve its monitoring of the pharmacy contract due to program changes that negatively affected beneficiaries. Requiring an annual audit brings needed accountability to the Tricare program.
- S. 3159, the *Preserving Patient Access to Long-Term Care Pharmacies Act*:
 - Introduced by Sens. James Lankford (R-Okla.) and Markwayne Mullin (R-Okla.). This bill would establish a targeted \$30 supplemental supply fee on prescription drugs subject to Medicare-negotiated prices. Modeled after an existing Medicare Part B supply fee, it will help offset significant financial losses and ensure LTC pharmacies can continue providing essential services. Without timely relief, many LTC pharmacies across the country could be forced to close, cutting off seniors' access to essential medications and specialized pharmacy services.
- S. 2426, the *Ensuring Community Access to Pharmacist Services Act (ECAPS)*:
 - Introduced by Sens. John Thune (R-S.D.), Mark Warner (D-Va.), Thom Tillis (R-N.C.), Steve Daines (R-Mont.), Maggie Hassan (D-N.H.), Elizabeth Warren (D-Mass.), Peter Welch (D-Vt.), and Catherine Cortez Masto (D-Nev.). Ensures Medicare beneficiaries can easily access health care services by authorizing pharmacists to test and treat COVID-19, flu, respiratory syncytial virus (RSV), and strep throat. These policies recognize pharmacists and the role they have in improving health care access by establishing direct reimbursement through Medicare Part B for these 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 LTC facilities, and this legislation would ensure continued access for patients to services at their local pharmacy.



Founded in 1898, the National Community Pharmacists Association is the voice for the community pharmacist, representing over 18,900 pharmacies that employ more than 235,000 individuals nationwide. Community pharmacies are rooted in the communities where they are located and are among America's most accessible health care providers. [To learn more, visit www.ncpa.org.](http://www.ncpa.org)