

2026

INDEPENDENT COMMUNITY PHARMACY LEGISLATIVE PRIORITIES

2026 HOUSE PRIORITIES

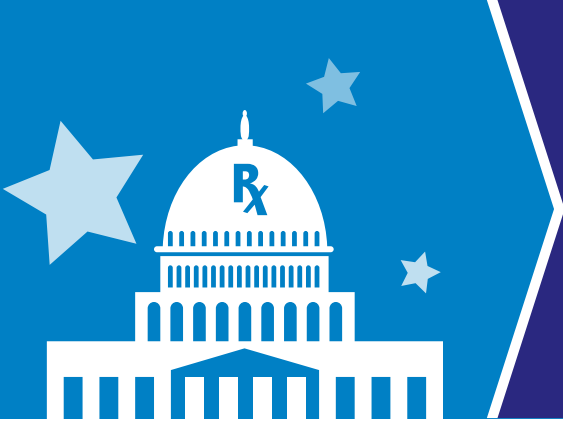
We are appreciative of the PBM reforms Congress passed as part of the *Consolidated Appropriations Act*. There are further reforms that require congressional attention. **The National Community Pharmacists Association urges members of the House to support and swiftly pass:**

- 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 H.R. 4317, the *Patients Before Middlemen (PBM) Reform Act*
- H.R. 6400, the *Rx Access, Choice, Cost Equity, and Supply Stability (RX ACCESS) Act*:
 - Introduced by Reps. Jen Kiggans (R-Va.), Maggie Goodlander (D-N.H.), Morgan Luttrell (R-Texas), and Chrissy Houlahan (D-Pa.). This bill 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 periodically audit and 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.
- H.R. 3164, the *Main Street Pharmacy Access Act (formerly ECAPS)*:
 - Introduced by Reps. Adrian Smith (R-Neb.), Brad Schneider (D-Ill.), Diana Harshbarger (R-Tenn.), and Doris Matsui (D-Calif.). This bill would ensure 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 long-term care facilities, and this legislation would ensure continued access for patients to services at their local pharmacy.

► *Continued on next page*



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)



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- H.R. 6609 and H.R. 6610, the *Pharmacists Fight Back Act*:
 - Introduced by Rep. Jake Auchincloss (D-Mass.), Chairman James Comer (R-Ky.), and Rep. Diana Harshbarger (R-Tenn.). The legislation addresses PBM abuses in federally-funded health care programs including Medicare Part D, Medicare Advantage, Medicaid managed care, and the Federal Employees Health Benefits Program (FEHBP).
 - These bills protect patient choice of pharmacy by banning patient steering; requiring market-based reimbursement based on the NADAC benchmark plus a state's Medicaid fee-for-service dispensing fee; requiring PBMs to pass through a portion of manufacturer rebates directly to patients at the pharmacy counter; and providing robust enforcement provisions to ensure PBM compliance.
 - H.R. 6609 would apply the provisions above to Medicare Part D, Medicare Advantage, and Medicaid managed care programs, and H.R. 6610 would apply to the FEHBP.
- H.R. 8779, the *Patients Before Monopolies Act*:
 - Introduced by Reps. Diana Harshbarger (R-Tenn.) and Jake Auchincloss (D-Mass.). This legislation would prohibit PBMs and insurers from owning pharmacies and is a strong step in addressing unacceptable conflicts of interest, which allows corporate giants to put profits over the interests of patients, taxpayers, employers, and independent pharmacies.
 - It prohibits a parent company of a PBM/insurer from owning a pharmacy, and would require those that currently do to divest its pharmacy business within one year of enactment. Additionally, this legislation gives strong oversight ability to the Federal Trade Commission, Department of Health and Human Services, DOJ's and state attorneys general for violations, and also allows private parties to bring lawsuits against violators.
- H.R. 7895, the *PBM Kickback Prohibition Act*:
 - Introduced by Rep. Rick Allen (R-Ga.). The legislation amends the Employee Retirement Income Security Act of 1974 (ERISA) to prohibit PBMs from paying referral fees or kickbacks to an intermediary (like a broker) in exchange for directing an insurer or employer health plan to the PBM.
 - This legislation represents a bold step towards reining in the conflicts of interest that exist when intermediaries steer health plans to a PBM based on financial incentives rather than what is in the best interest of the health plan and its beneficiaries.
- H.R. 5031, the *Preserving Patient Access to Long-Term Care Pharmacies Act*:
 - Introduced by Reps. Beth Van Duyne (R-Texas) and Brad Schneider (D-Ill.). 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.



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