

2026

INDEPENDENT COMMUNITY PHARMACY LEGISLATIVE PRIORITIES

2026 SENATE PRIORITIES

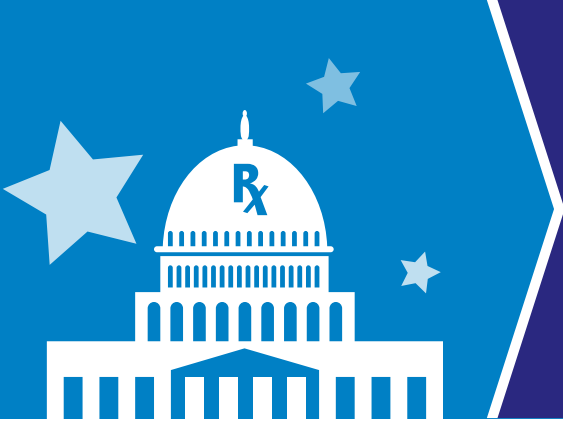
We are appreciative of the PBM reforms Congress passed as part of the *Consolidated Appropriations Act*. There are further reforms that require congressional attention. **The National Community Pharmacists Association urges members of the Senate to support and swiftly pass:**

- 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. 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 long-term care facilities, and this legislation would ensure continued access for patients to services at their local pharmacy.

► *Continued on next page*



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- S. 4509, the *Patients Before Monopolies Act*:
 - Introduced Sens. Josh Hawley (R-Mo.) and Elizabeth Warren (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 would prohibit the 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, Department of Justice, and state attorneys general for violations, and allows private parties to bring lawsuits against violators.
- 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.



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