

Think NCPA's advocacy efforts don't affect you? Think again...

Getting results from Congress, federal agencies, state legislatures, and the courts takes strategy and patience. Throughout that process, it's critical for you to be informed and engaged. These select examples help illustrate the benefits of NCPA advocacy efforts, both recently and in previous past years.

2017-PRESENT:

- **Influenced inclusion of proposed PBM transparency reforms in Trump administration plan** for lowering prescription drug prices.
- **Secured changes at Energy and Commerce Committee mark-up of opioid legislation now pending before the full House**, including ensuring that patient choice of pharmacy is respected and exempting long-term care from electronic prescribing for controlled substances.
- **Saw CMS' final 2019 Part D rule reflect NCPA's input**, including CMS asserting its authority to require all pharmacy DIR fees to be accounted for at point of sale.
- **In a four-month period, testified three times before House Energy & Commerce subcommittees** on issues ranging from the drug supply chain to the opioid epidemic to FDA implementation of the Drug Quality and Security Act.
- **Supported pharmacy organizations in 38 states on 2018 legislation**, providing bill review, model provisions, letters of support (or opposition), and grassroots calls to action on issues ranging from Medicaid reimbursements to PBM reform to pharmacy patient protections.
- **Supported state partners** in enacting MAC laws in 38 states in recent years.
- **Advocated successfully for appointment of Rep. Buddy Carter (R-GA), a pharmacist, to the House Energy and Commerce Committee**, where most pharmacy-related legislation is considered.
- **Influenced CMS' release of a groundbreaking analysis of impact of Part D DIR fees on patients.**
- **Met multiple times with CMS Administrator Seema Verma, HHS officials, and White House Office officials** to advise on the impact of pharmacy DIR fees on patients and community pharmacies.
- **Filed lawsuit against State of Washington** over its arbitrarily low and improperly promulgated dispensing fee for pharmacies in the state Medicaid program.
- **NCPA's *The PBM Story: What They Say, What They Do, and What Can Be Done About It* was widely quoted** in news media and referenced by policymakers.
- **Influenced the inclusion of MAC provisions in the National Defense Authorization Act** passed in November 2017.
- **Influenced the inclusion of patient access to appropriate controlled substances that was signed into law.**
- **Supported the states of Iowa, Arkansas, and North Dakota** in defending lawsuits by PCMA challenging each state's MAC law.
- **Influenced CMS' final AMP rule**, requiring a revised process to ensure FULs are not lower than community pharmacies' acquisition costs and requiring states to consider ingredient cost reimbursement and professional dispensing fee reimbursement when proposing reimbursement changes in Medicaid.
- **Influenced passage of an amendment to the National Defense Authorization Act** to strengthen TRICARE beneficiaries' access to generic drugs at retail pharmacies, including requiring the PBM update their MAC lists every seven days.
- **Met with U.S. Health and Human Services Secretary Tom Price** to advise him on retroactive pharmacy DIR fees and combatting rising prescription drug prices.
- **Influenced introduction of legislation banning retroactive pharmacy DIR fees in Congress.**
- **Influenced introduction of bills in Congress** assuring patients the ability to select the pharmacy of their choice under Medicare Part D.
- **Influenced introduction of federal generic pricing transparency legislation.**

NCPA Clout Cited by Congress, Media

“There are many trade associations that tread very carefully out of fear of antagonizing people or organizations they may need later. The National Community Pharmacists Association is not one of them. **When NCPA finds something it doesn't like—which it often does in managed care—the group has been known to shout that from the rooftops, or at least through the media.**”

—*Medicare Advantage News, Jan. 2015*

- **Influenced introduction of legislation in Congress** that would allow pharmacists to be reimbursed for patient services under Medicare in underserved areas.
- **Influenced introduction of legislation in the U.S. House** to preserve patient access to compounded medications.
- **Influenced Medicare's on-record statement** about harmful impact of retroactive pharmacy DIR fees on patients and taxpayers.
- **Won reversal of a cumbersome DEA Registrant Renewal Policy** that could have triggered audit implications for pharmacies and decreased patient access to controlled substances.
- **Grew NCPA PAC into the largest and most successful pharmacy association PAC in America.** In 2015- 2016, we achieved a 92% success rate in helping elect pro-pharmacy candidates.
- **Lobbied successfully for inclusion in legislation of language clarifying congressional intent** — and reining in FDA overreach — on several compounding regulations implementing the *Drug Quality and Security Act*.
- **Got AMP-based FUL provision removed from 21st Century Cures legislation** as an offset to help fund the legislation.
- **Influenced delay of implementation of USP <800> requirements for community pharmacies.**
- **Influenced FDA to allow traditional compounding pharmacies** to continue to repackage non-sterile drug products for use in long-term care facilities.
- **Spurred the opening of more Medicare Part D “preferred pharmacy” networks to allow participation of independent pharmacies** via bipartisan federal legislation and aggressive lobbying.
- **Blocked mandatory mail order in Medicare and the health plans of-**

ferred through exchanges established by the Affordable Care Act.

- **Influenced CMS to establish fair Medicaid pharmacy reimbursement benchmarks.** Citing NCPA's arguments, CMS adopted NADAC as a pharmacy reimbursement “floor” in Medicaid, requiring states to consider both ingredient cost reimbursement and a professional dispensing fee.
- **Influenced Medicare to require that PBMs regularly update MAC pricing** to reflect market costs.
- **Protected pharmacy compounding from a congressional push to effectively ban it** at the height of the meningitis crisis.

PRIOR TO 2013:

- **Saved the average pharmacy \$100,000 in 2008 alone** by facilitating passage of “prompt payment” requirements.
- **Saved every retail pharmacy outlet in the U.S. \$70,438 — or \$4.015 billion in total** — as a result of a joint Medicaid AMP lawsuit, which produced a court injunction.
- **Banned proration of dispensing fees on “short-cycle” prescriptions for LTC pharmacies.**
- **Amended 2013 Track & Trace legislation to save independent community pharmacies \$11,000 a year.**
- **Protected community pharmacies from a cut of about \$291 a day — or \$105,000 a year** — by blocking a proposed settlement of the First Data Bank/Medispan antitrust case requiring a 4% rollback of published AWP.

2013-2014