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.

2018-PRESENT:

- The U.S. Supreme Court agreed to hear arguments in the Arkansas case on whether ERISA supersedes state law to regulate pharmacy benefit managers (PBMs). The case, Rutledge v. PCMA is a challenge by the state of Arkansas to a ruling in the Eight Circuit that invalidated a state PBM law. NCPA worked with the U.S. Solicitor General’s office and state attorneys general to submit friend of the court briefs. Thirty-two states and the District of Columbia supported the state brief, in support of Arkansas’ position.

- NCPA secured provisions in Senate Finance Committee legislation addressing pharmacy DIR fees and retroactive clawbacks in a larger legislative package addressing drug pricing.

- The U.S. House of Representatives unanimously passed two NCPA supported bills, H.R. 1781, the Payment Commission Data Act, sponsored by Rep. Buddy Carter (R-Ga.) and H.R. 2115, the Public Disclosure of Drug Discounts Act, sponsored by Reps. Abigail Spanberger (D-Va.), Jodey Arrington (R-Texas), and Brendan Boyle (D-Pa.).

- Senate Finance Committee Ranking Member Sen. Ron Wyden (D-Ore.) visited Grants Pass Pharmacy, owned by NCPA member and President-elect Michele Belcher in May 2019. He subsequently visited an additional six community pharmacies throughout the state in August 2019.

- Worked with 40 states in 2019 on legislation regarding Medicaid Managed Care reform, PBM regulation and pharmacist scope of practice issues.

- Secured Health and Human Services Secretary Alex Azar to speak at the 2019 Congressional Pharmacy Fly-in.

- Sec. Azar visited Chateau Pharmacy in Metairie, La., his second visit to a community pharmacy in less than 6 months.

- Influenced introduction of bipartisan legislation addressing the top legislative priorities of NCPA members: Pharmacy DIR fees, generic pricing transparency, and allowing community pharmacies to participate in Medicare Part D preferred pharmacy networks; and preserving patient access to compounded medications.

- The West Virginia Bureau for Medical Services released a report showing net savings of $54.4 million to the state Medicaid program for the first year after carving out prescription drug benefits from Medicaid managed care, while paying pharmacies an additional $122 million in dispensing fees. Subsequent studies in Pa., Ohio, Ky., La., N.Y., Mich., Md., and Va. also found that PBMs retain an excessive amount of taxpayer dollars in Medicaid Managed Care programs.

- Influenced the approval of model PBM regulation and licensure legislation by the National Conference of Insurance Legislators.


- President Trump signed into law two pieces of NCPA supported legislation, S. 2553, the Know the Lowest Price Act of 2018, and S. 2554, the Patient Right to Know Drug Prices Act, which prohibit so-called pharmacist “gag clauses” in Medicare and private health plans. NCPA was invited to the bill signings at the White House.

- Represented community pharmacy at the White House as President Trump signed opioid relief legislation into law, which included changes sought by NCPA, including ensuring that patient choice of pharmacy is respected and exempting long-term care from electronic prescribing for controlled substances.

- Sec. Azar and Paul Mango, Chief Principal Deputy Administrator and Chief of Staff in the Centers for Medicare & Medicaid Services’ Office of the Administrator, visited Spartan Pharmacy in Pittsburgh, Pa.

- Influenced inclusion of proposed PBM transparency reforms in Trump administration plan for lowering prescription drug prices.

- 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.

- 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.
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

2016-2017

• Influenced CMS’ release of a groundbreaking analysis of impact of Part D DIR fees on patients.

• 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.


• Organized a stakeholder letter with over 100 signatories voicing support for federal DIR legislation.

• Consulted on the Ensuring Patient Access and Effective Drug Enforcement Act, legislation ensuring 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 in Congress that would allow pharmacists to be reimbursed for patient services under Medicare in underserved areas.

• 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.

• Influenced FDA to allow traditional compounding pharmacies to continue to repackaging 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 offered through exchanges established by the Affordable Care Act.

• Influenced Medicare to require that PBMs regularly update MAC pricing to reflect market costs.

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.