



SEPT. 1, 2017- AUG. 31, 2018

This report is a comprehensive review of NCPA's advocacy efforts on behalf of America's independent community pharmacists over the past year. We represent our members before Congress, in the regulatory arena and in the states. Our work is enhanced by the grassroots efforts of NCPA members, the NCPA Legislative/Legal Defense Fund, and the NCPA Political Action Committee. As you'll see as you read, we are advancing policies and solutions that are pro-patient, pro-pharmacy and pro-small business.



Federal Testimony

- **December 2017 Drug Supply Chain Hearing.** NCPA CEO Doug Hoey testified before the House Energy and Commerce Committee's "Examining the Drug Supply Chain" hearing. Additional witnesses included representatives from manufacturers, patients, and PBMs, as well as others in the supply chain. In his testimony, Hoey touted pharmacists' role in reducing prescription drug costs and said better integration of community pharmacists can help improve health outcomes and lower overall health care costs. He also identified a range of onerous PBM practices - including pharmacy DIR fees -that warrant greater regulation.
- **January 2018 Pharmacy Compounding Hearing.** NCPA member Jake Olson, PharmD, and owner of Skywalk Pharmacy in Milwaukee, Wis., testified at a House Energy and Commerce Health Subcommittee hearing on FDA implementation of the *Compounding Quality Act*. Olson stressed the importance of preserving patient access to vital compounded medications in the patient-physician-pharmacist triad; expressed concern that a lack of clarity among providers has negatively impacted patient access, and voiced support for the *Preserving Patient Access to Compounded Medications Act*, H.R. 2871, sponsored by Reps. Morgan Griffith (R-Va.) and Henry Cuellar (D-Texas).
- **February 2018 Opioid Hearing.** NCPA member Richard Logan Jr., PharmD, a retired drug diversion investigator in Mississippi County, Mo., testified at a House Energy and Commerce Subcommittee on Health hearing on the opioid crisis. Logan stressed the need to prevent drug abuse and diversion while maintaining legitimate patient access. "NCPA supports such an effort to bring greater clarity and education to other health care providers and patients regarding a pharmacist declining to fill a controlled substance," Logan said. The subcommittee's post-hearing statement specifically referenced Logan's testimony and support for H.R. 4275, the *Empowering Pharmacists in the Fight Against Opioid Abuse Act*.
- **Improving Transparency and Accuracy in Medicare Part D Spending Act (S. 413 / H.R. 1038).** Pharmacy DIR fees have exploded in Medicare Part D. These bipartisan companion bills would prohibit retroactively reducing payment on Medicare Part D clean claims submitted by pharmacies. It was introduced by Sens. Shelley Moore Capito (R-W.Va.) and Jon Tester (D-Mont.) in the Senate and Reps. Morgan Griffith (R-Va.) and Peter Welch (D-Vt.) in the House.
 - 15 Senate cosponsors and 86 House cosponsors
- **Prescription Drug Price Transparency Act (H.R. 1316).** This bipartisan bill would codify Medicare transparency provisions concerning maximum allowable costs for generics and apply them to Tricare and the Federal Employee Health Benefits Plan. It would also establish a MAC appeals process and prohibit a PBM from requiring that patients use a pharmacy owned by that PBM. It was introduced by Reps. Doug Collins (R-Ga.) and David Loebsack (D-Iowa).
 - 56 cosponsors
- **Ensuring Seniors Access to Local Pharmacies Act (S. 1044 /H.R. 1939).** These bipartisan companion bills would give seniors more access to discounted copays for prescription drugs at their pharmacy of choice and would allow pharmacies in medically underserved areas to participate in Medicare preferred pharmacy networks if they accept the drug plan's terms and conditions. It was introduced by Sens. Shelley Moore Capito (R-W.Va.) and Sherrod Brown (D-Ohio) in the Senate and Reps. Morgan Griffith (R-Va.) and Peter Welch (D-Vt.) in the House.
 - 5 Senate cosponsors and 34 House cosponsors
- **Pharmacist Provider Status Bills (S. 109 / H.R. 592).** These companion bills would recognize pharmacists as providers under the Medicare Part B program. If enacted, pharmacists could perform and be compensated for patient services consistent with their state's scope of practice if their pharmacy is located in a medically underserved area, health professional shortage area, or medically underserved population. They were introduced by Sens. Charles Grassley (R-Iowa) and Robert Casey (D-Pa.) in the Senate and Reps. Brett Guthrie (R-Ky.) and Ron Kind (D-Wis.) in the House.
 - 53 Senate cosponsors and 293 House cosponsors

Federal Legislation

Considerable progress has been made in advancing NCPA's member-focused Congressional legislative priorities, fighting on behalf of community and long-term care pharmacy owners.

Congressional Advocacy on NCPA Issues

- **Senate and House Letters on Point-of-Sale Price Concessions.** Thanks to NCPA's efforts, 21 members of the Senate and 80 members of the House of Representatives, signed a formal letter to CMS voicing support for a proposal that would account for all Medicare Part D pharmacy price concessions at the point of sale.
- **Senate and House Letters on Tricare Access.** Thanks to NCPA's efforts, dozens of members of Congress signed letters to the Department of Defense's then-undersecretary for personnel and readiness Robert Wilkie urging establishment of a working group to improve Tricare access to community pharmacies. The Senate letter garnered support from 23 Senators and was led by Sens. Michael Rounds (R-S.D.) and Gary Peters (D-Mich.). The House letter was led by Reps. Mike Coffman (R-Colo.), Walter Jones (R-N.C.), and Robert Brady (D-Penn.) and garnered support from 42 House members.
- **Pharmacy Protections in Senate Opioid Legislation:** NCPA secured key pharmacy protections in the *Opioid Crisis Response Act of 2018* advanced by the Senate Health, Education, Labor and Pensions Committee. The bill ensures that a provision encouraging states to have authorized users check PDMPs will not be a federal mandate on pharmacists.
- **Support for the Empowering Pharmacists in the Fight Against Opioid Abuse Act:** With NCPA's support, the full House passed H.R. 4275, introduced by Reps. Mark DeSaulnier (D-Calif.) and Buddy Carter (R-Ga.), which would require HHS to develop and disseminate education materials to equip pharmacists to detect prescriptions that are fraudulent, forged, or appear to be for abuse or diversion.
- **Exemptions to the Every Prescription Conveyed Securely Act.** With NCPA's support, the House Energy and Commerce Subcommittee on Health advanced H.R. 3528, introduced by Reps. Markwayne Mullin (R-Okla.) and Katherine Clark (D-Mass.). This would require electronic prescribing for controlled substances under the Medicare Part D program. NCPA was successful in getting exemptions for long-term care included in the bill, as well as language that would ensure electronic prescribing does not infringe on a patient's choice of pharmacy.
- **MAC List Updates in Tricare.** NCPA worked with key policymakers to secure a provision under Tricare requiring



NCPA member Richard Logan, PharmD, of Charleston, Mo., testifies at House opioid hearing.

ing that PBMs provide pharmacies more information about their compensation and update their MAC lists every seven days.

- **Independent Pharmacy Special Order on House Floor.** With NCPA's support, community pharmacy champions Reps. Doug Collins (R-Ga.), Austin Scott (R-Ga.), and Buddy Carter (R-Ga.), hosted a special order on the House floor to speak about the important role independent pharmacies play in the health care delivery system, as well as the challenges posed by PBM unfair business practices.
- **Legislation to Protect Patient Access to Compound- ed Meds.** NCPA assisted in securing introduction of the *Preserving Patient Access to Compounded Medications Act*, H.R. 2871, by Reps. Morgan Griffith (R-Va.) and Henry Cuellar (D-Texas), which preserves patient access to compounded medications by directing the FDA to act within Congressional intent.

Trump Administration Blueprint and RFI to Reduce Drug Prices and Patient Out-of-Pocket Costs Input.

- In response to the administration's request for input, NCPA submitted comments encouraging elimination of pharmacy DIR fees, or at the very least, requiring that they be accounted for at point of sale, as part of administration plans to reduce drug costs.
- NCPA gathered 154 stakeholders to sign a letter to HHS urging that the administration address pharmacy DIR fees in its blueprint.
- NCPA commissioned a *Morning Consult* survey of nearly 2,000 registered voters to gauge public opinion on pharmacy-related reforms in Part D.

Among its findings, the survey found more than 75 percent of respondents say they'd be more likely to support a candidate for Congress who would vote for a plan to ensure PBM middlemen can't retroactively charge fees that artificially increase seniors' drug costs at the pharmacy counter.

- NCPA submitted a joint comment letter with the National Association of Chain Drug Stores asking that pharmacy DIR fees be accounted for at point of sale.
- NCPA led efforts garnering 21 senators and 83 members of the House of Representatives to sign separate letters to HHS Secretary Alex Azar urging him to move forward with a proposal that **would effectively eliminate retroactive pharmacy DIR fees.**

Federal Regulatory

• **Regulatory Comments.**

The NCPA Policy and Regulatory Affairs team submitted more than 15 formal comments to federal government agencies and countless letters to the agencies advocating on behalf of NCPA members and policies that will improve access to medications at independently owned community pharmacies.

2019 Medicare Part D Rule Input.

- NCPA submitted comments and survey results in support of provisions in the proposed rule that would eliminate retroactive pharmacy DIR fees. The association also supported provisions on specialty drugs, Part D contracting practices, and home delivery.
- NCPA gathered 120 stakeholders to sign a letter to CMS in support of the agency's announced proposal to investigate retroactive pharmacy DIR fees. Signatories include numerous community pharmacy allies as well as major health systems, grocers, and patient groups.
- **Trump Administration Meetings on Drug Pricing.** NCPA

staff and leadership met with Trump Administration and HHS officials responsible for Drug Pricing Strategy to brief them on independent community pharmacy's priorities surrounding drug pricing and the need for PBM transparency. Several of NCPA's recommendations were reflected in the Drug Pricing Blueprint released in May.

- **Briefings with CMS Medicare Part D Staff.** NCPA staff, along with member George Garmer, PharmD, of Halethorpe Pharmacy in Maryland, briefed members of the CMS Medicare Part D team on community pharmacy concerns, including eliminating retroactive pharmacy DIR fees in the upcoming Part D rule for CY2020.
- **DIR Input to CMS Medicare Part D Deputy Director.** NCPA staff briefed the acting deputy director for the Medicare program at CMS on DIR and its impact on community pharmacies and urged that the issue be addressed in the Part D rule for CY2020. NCPA staff also shared concerns about how pharmacy "quality" is currently measured in the Part D program.
- **Acquisition Cost Parity in Tricare.** NCPA staff met with the Department of Defense Health Affairs to ask for acquisition price parity in brand-name medication purchases under Tricare, in effect leveling the playing field between retail and mail order pharmacy. Also attending were representatives from PhRMA, Express Scripts, and chain drugstores.
- **Pharmacy Reimbursement and Medicaid Managed Care Input to CMS.** At a meeting at CMS, NCPA staff briefed leadership of the CMS Center for Medicaid Division of Pharmacy, as well as staff from the Division of Managed Care Plans. NCPA conveyed its appreciation for CMS' work to require states move their fee-for-service Medicaid pharmacy programs to an acquisition-based model of reimbursement. That model should ensure pharmacies are reimbursed a fair and equitable rate, including ingredient cost and a professional dispensing fee that reflects the cost to dispense the drug product.



NCPA member Jake Olson, PharmD, of Skywalk Pharmacy, Milwaukee, Wis., testifies at congressional hearing.

Grassroots Engagement

- 2018 Congressional Pharmacy Summit. Nearly 300 community pharmacists from 37 states participated in NCPA's 50th annual Congressional Pharmacy Summit in April. Attendees met with more than 250 Congressional offices to advocate for NCPA's three priority issues: an end to retroactive pharmacy DIR fees, transparency in generic reimbursement rates in federal programs, and to open Medicare preferred pharmacy networks to all pharmacies willing to accept contractual terms and conditions.

continued on page 7 ►

ADVOCACY CENTER STAFF DIRECTORY



THE NCPA ADVOCACY CENTER

As The Voice of the Community Pharmacist®, NCPA harnesses the power of thousands of community pharmacists to advocate for you and the patients you serve. From the State House to the White House, and from Congress to the courts, NCPA's Advocacy Center has got your back.

KARRY LA VIOLETTE

**Advocacy Center Director
and Senior Vice President,
Government Affairs**

703-600-1180

karry.laviolette@ncpanet.org

- NCPA Committee on National Legislation
- Federal and state legislative and regulatory advocacy strategy
- Public affairs strategy and outreach
- Political strategy
- U.S Senate and House of Representatives lobbying
- NCPA Political Action Committee Treasurer
- NCPA Congressional Pharmacy Summit program

RONNA HAUSER, PHARMD

**Vice President,
Pharmacy Policy & Regulatory Affairs**

703-838-2691

ronna.hauser@ncpanet.org

- NCPA Committee on Compounding
- Legislative and regulatory review, research, comment, testimony, and correspondence
- Public policy initiatives
- Issue briefs
- Professional affairs relationships and activities, including CMS, DEA, DHA, FDA, and HHS
- Pharmacy Quality Alliance Board of Directors
- Compounding, opioid abuse prevention

REEMA TANEJA, JD

Director, Policy & Regulatory Affairs

703-838-2669

Reema.Taneja@ncpanet.org

- Federal legislative and regulatory review, legal research, comment, testimony, and correspondence
- Public policy positions
- Legislative and regulatory issue tracking at federal level
- Medicare Part B, ACA, immunizations, diabetes, provider status, privacy issues

ADAM HARBISON

Director, Congressional Affairs

703-600-1183

adam.harbison@ncpanet.org

- U.S. Senate and House of Representatives lobbying
- Patient Access to Pharmacist Care Coalition Steering Committee
- DQSA Coalition

KALA SHANKLE, JD

Director, Policy & Regulatory Affairs

703-600-1178

kala.shankle@ncpanet.org

- Federal legislative and regulatory review, legal research, comment, testimony, and correspondence
- Public policy positions
- Federal issue tracking
- Medicare Part D (including pharmacy DIR), 340B, DSCSA

LAMAR GILLESPIE

Advocacy Coordinator

703-600-1182

lamar.gillespie@ncpanet.org

- NCPA PAC and Legislative/Legal Defense Fund administration
- Member outreach
- General administrative support

Federal Advocacy

ANNE CASSITY, JD

**Vice President,
Federal & State Government Affairs**

703-838-2682

anne.cassity@ncpanet.org

- Federal government affairs
- U.S. Senate and House of Representatives lobbying
- NCPA Political Action Committee Disbursements



State Advocacy

ANNE CASSITY, JD

Vice President,

Federal & State Government Affairs

703-838-2682

anne.cassity@ncpanet.org

- State government and regulatory affairs
- State policy initiatives
- State political strategy

MATT MAGNER, JD

Director, State Government Affairs

703-600-1186

matthew.magner@ncpanet.org

- NCPA Committee on State Legislation
- Bill review and drafting
- Model legislation
- State-level PBM oversight and regulation
- Testimony and letters of support/opposition
- Medicaid fee-for-service and managed care

ALLIE JO SHIPMAN, PHARM D

Associate Director,

State Government Affairs

703-600-1179

alliejo.shipman@ncpanet.org

- State legislative and regulatory activity tracking
- Bill review
- State issue briefs and resources
- State boards of pharmacy
- Testimony and letters of support/opposition
- Medicaid fee-for-service and managed care

Legal

JENNIFER MALLON, ESQ.

Senior Vice President and General Counsel

703-600-1221 (direct)

jennifer.mallon@ncpanet.org

- NCPA legal counsel

Communications & External Affairs

SCOTT BRUNNER, CAE

Senior Vice President,

Communications & External Affairs

703-600-1184

scott.brunner@ncpanet.org

- Communications strategy and execution
- NCPA PAC and Legislative/Legal Defense Fund fundraising
- External public policy relationships
- Grassroots initiatives

JAYNE CANNON

Director, Communications

704-840-3768

jayne.cannon@ncpanet.org

- qAM daily news service
- Assignments editor, *America's Pharmacist*[®] magazine
- Daily Dose blog
- Op-ed writer
- General writing and editing

ADAM KENNEDY

Director, E-Communications

703-838-2674

adam.kennedy@ncpanet.org

- ncpanet.org
- Electronic communication
- NCPA mobile app
- Fax marketing

ROBERT LEWIS

Creative Director

703-838-2677

robert.lewis@ncpanet.org

- NCPA branding
- Creative development and design
- Creative director, *America's Pharmacist*[®] magazine

CHRIS LINVILLE

Managing Editor,

***America's Pharmacist*[®] Magazine**

703-838-2680

chris.linville@ncpanet.org

- *America's Pharmacist*[®] magazine content
- NCPA Digest contributor
- General writing and editing

ANDIE PIVARUNAS

Director, Public Affairs

703-600-1174

- Media relations
- NCPA spokesperson
- Press releases, op-eds and blogs
- Social Media

MICHAEL RULE

Associate Director,

Public Affairs & Grassroots

703-838-2671

michael.rule@ncpanet.org

- Pharmacy visits by members of Congress
- NCPA and state grassroots calls-to-action
- Grassroots issue briefs
- Third-party advocacy relationships
- Federal advocacy materials

MARIANELA MAYHEW

Design Manager

703-838-2672

marianela.mayhew@ncpanet.org

- NCPA branding
- Educational materials development
- *America's Pharmacist*[®] magazine designer

DANIEL FINCH

Marketing Manager

703-838-2686

daniel.finch@ncpanet.org

- Event and product marketing
- Social media marketing

► *continued from page 4*

Make your case with NCPA's Pharmacy Economic Impact Reports

NCPA's state- or congressional district-specific Pharmacy Economic Impact Reports can help you make a compelling case for community pharmacy to policy makers. The reports highlight the importance of community pharmacy on state and district economies. A report for your state is available on the NCPA website (login required). To request a report for a specific congressional district, contact lamar.gillespie@ncpanet.org.

- **Congressional Pharmacy Visits.** Nearly 60 members of Congress and several Congressional candidates have visited a community pharmacy, showing them firsthand how community pharmacies contribute to health outcomes, and how their survival is being threatened by such issues as retroactive DIR fees, underwater MAC reimbursements, and other PBM business practices. NCPA facilitated many of these visits. Several of these visits were from members on key committees including chairman of the Ways and Means Committee Kevin Brady (R-Texas); chairman of the Ways and Means Health Subcommittee Rep. Peter Roskam (R-Ill.); and member of the Energy and Commerce Health Subcommittee Diana DeGette (D-Colo.).
- **In-District Meetings.** Nearly a dozen of these pharmacy visits involved a larger group of pharmacists and were roundtable discussions on key issues. Several members of the House leadership team and key committees participated in these meetings including Rep. Cathy McMorris Rodgers (R-Was.); chairman of the Energy and Commerce Health Subcommittee Rep. Michael Burgess (R-Texas); Ranking Member of the full Energy and Commerce Committee Rep. Frank Pallone (D-N.J.); and member of the Energy and Commerce Health Subcommittee Rep. Brett Guthrie (R-Ky.) NCPA facilitated many of these meetings.

If you'd like to invite your member of Congress to visit your pharmacy, contact NCPA's Michael Rule at 703-838-2671 or Michael.Rule@ncpanet.org for more information.

Voicing Support

- **Federal-Level Calls to Action.** NCPA issued several calls for member input to members of Congress or

federal regulatory agencies, with impressive results. Retroactive DIR was the most important issue at the federal level, generating thousands of emails to members of Congress in support of S. 413/H.R. 1038 and encouraging members of Congress to sign bipartisan letters urging CMS to move forward with a proposal to require Medicare plans to reflect retroactive DIR fees in negotiated price. In addition, nearly 3,000 individual comments from pharmacists were submitted to the public comment dockets for the proposed Part D Rule and the administration's Drug Pricing Blueprint RFI expressing support for this issue.

- **State-Level Calls to Action.** Issued 10 grassroots calls to action on state issues at the request of our state partners to encourage NCPA members to voice support or opposition to legislation under consideration in their state.

External Stakeholder Engagement

- **"Principles for Patient-Centered Prescription Drug Coverage" Forum.** Co-hosted with the Center for Medicine in the Public Interest, this NCPA-initiated event convened representatives from health care- and patient-focused advocacy organizations to discuss PBM actions that drive up drug costs and alternatives to the traditional PBM model that leverage community pharmacies' abilities to improve patient health and adherence. The event was also supported by Georgia Pharmacy Association's Academy of Independent Pharmacy, RxPlus Pharmacies, and Smith Drug Co. / Burlington Drug Co. / HealthWise Pharmacy.
- **Consumer/Patient Organization Sign-On Letter.** During the comment period for the 2019 Part D Rule, NCPA coordinated a multi-signatory letter from pa-



Sen. Shelley Moore Capito (R-W.Va.) speaks at the 2018 Sal D'Angelo NCPA PAC breakfast.

tient and consumer advocacy organizations supporting a proposal that would require pharmacy DIR fees to be accounted for in negotiated price at the point of sale.

- **American Medical Association Panel on Pharmaceutical Care Barriers.** NCPA staff participated at an AMA panel discussion addressing barriers to pharmaceutical care. In particular, Hauser stressed the need for state-level PBM regulation and discussed ways providers and patients can best work together for improved patient access. Panelists from the Arthritis Foundation and the Ohio State Medical Association also participated.
- **NALEO Drug Pricing Panel.** NCPA staff participated in panel discussions on drug pricing at consecutive National Association of Latino Elected Officials annual meetings. Representatives of PhRMA, Kaiser Permanente, PCMA, and the American Cancer Society’s Cancer Action Network were also panelists.
- **NCOIL Model PBM Regulation.** In March and May, NCPA staff testified before the National Council of Insurance Legislators’ Health, Long-Term Care and Health Retirement Issues Committee meetings in Atlanta and Salt Lake City. NCPA’s comments focused on how opaque PBM contract provisions lead to increased costs for patients and plan sponsors and unsustainable reimbursements for community pharmacies. NCPA also stressed our strong support for NCOIL’s Draft PBM Licensure and Regulatory Model Act, and submitted comments in support of the act. NCPA’s input also included suggestions to strengthen certain sections of the model act.

State Legislation

NCPA’s state legislative priorities were PBM regulation/reform and pharmacy patient protections. Since October 2017, NCPA’s state government affairs team has partnered with 37 state associations, providing bill review, model provisions, letters of support (or opposition), and grassroots calls-to-action on state legislation dealing with a range of priority issues, from PBM reforms to pharmacy patient protections to Medicaid reimbursements.

As a result, 31 priority bills in 27 states have been signed into law. Those are reflected below, along with other key legislation passed in states.

- **PBM Registration and Licensure**
Arkansas, Florida, New Jersey, and Tennessee passed legislation requiring PBMs to register with the state prior to operating or conducting business in the state.



NCPA CEO B. Douglas Hoey testifies at the Energy and Commerce Committee drug supply chain hearing last December.

- **Fair Pharmacy Audits**
Alabama and **New York** passed legislation creating and/or strengthening the state’s fair pharmacy audit provisions.
- **PBM Transparency and Disclosure.**
Arkansas passed legislation permitting the insurance commissioner to review and approve a PBM’s compensation program to ensure reimbursement for pharmacy services is fair and reasonable.

Florida and **Maryland** passed legislation requiring certain disclosures and transparency related to multi-source generic drug pricing.

Kentucky passed legislation requiring PBMs that contract with a Medicaid managed care organization to disclose certain information to the Department for Medicaid Services. The legislation also gives the department authority to review and approve contracts and set reimbursement rates between a PBM and a pharmacy administering Medicaid prescription drug benefits.

Louisiana passed legislation requiring PBMs to submit an annual transparency report to the Commissioner of Insurance as a condition of maintaining licensure.

Georgia and **Louisiana** passed legislation requiring PBMs and/or managed care organizations and plan sponsors to disclose certain information related to pharmacy claims in Medicaid and/or other state health benefit plans.

- **Pharmacy Patient Protections**
Arkansas and **New Hampshire** passed legislation pro-



NCPA member John Kim, PharmD, with Deputy HHS Secretary Eric Hargan at the White House Rose Garden drug pricing speech in May.

hibiting PBMs from requiring accreditation standards or certification requirements for pharmacies beyond those required by the state board of pharmacy.

Mississippi, New Hampshire, and Virginia passed legislation requiring prorated copays and prohibiting prorated dispensing fees related to medication synchronization.

Arizona, Arkansas, Colorado, Florida, Indiana, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, New York, South Carolina, South Dakota, Utah, Virginia, and West Virginia passed legislation protecting a pharmacy and/or pharmacist when they are providing information to a patient about alternative medications and/or alternative purchasing options that would result in a lower cost to the patient.

Arizona, Colorado, Florida, Indiana, Kansas, Kentucky, Louisiana, Maryland, Missouri, New York, South Carolina, Utah, and Virginia passed legislation preventing PBMs from charging a patient a copay greater than the cost of the drug.

South Carolina and Virginia passed legislation prohibiting fees related to claim adjudication unless certain conditions are met.

- **Controlled Substances.**

Louisiana and Tennessee passed legislation allowing for partial fills of Schedule II controlled substances.

Arizona, Colorado, Michigan and Virginia passed legislation requiring providers to check the state prescription drug monitoring program under certain conditions prior to writing a prescription for opioids. **Colorado** passed legislation limiting days' supply allowed for initial opioid prescriptions.

- **Scope of Practice and Compensation for Services.**

Colorado passed legislation mandating a pharmacy administering injectable medication-assisted treatment for substance use disorders under a collaborative practice agreement be compensated for that service.

Kentucky passed legislation establishing a pilot program to create a community pharmacy care delivery model for medication-assisted therapy for treatment of substance abuse.

Idaho passed legislation allowing pharmacists to perform therapeutic substitutions under certain conditions.

Colorado passed legislation requiring health benefit plans to cover health care services provided by a pharmacist in health professional shortage areas if certain conditions are met.

Iowa and Maine passed legislation allowing pharmacists to prescribe and dispense naloxone in accordance with established protocols.

Iowa passed legislation allowing pharmacists to prescribe nicotine replacement tobacco cessation products under statewide protocol.

Iowa, Mississippi, and New York passed legislation expanding pharmacists' authority to administer immunizations.

Utah passed legislation allowing a pharmacist to dispense self-administered hormonal contraceptives under a standing prescription drug order.

Washington, D.C. passed legislation allowing pharmacists to prescribe and dispense certain contraceptives pursuant to established protocols and requiring insurers for Medicaid and DC Healthcare Alliance programs to cover the cost of the medication and service provided.

Maryland passed legislation allowing pharmacists to fill up to a 90-day supply of a medication, provided the quantity remaining on the prescription is not less than 90 days and certain other conditions are met.

Georgia passed legislation allowing pharmacists to administer all point-of-care tests cleared by the FDA for home use when testing for disease and/or drug use.

Note: This is a brief overview of state legislative victories on certain NCPA priority issues and does not include all community pharmacy-specific issues that were passed during 2018 state legislative sessions. Please contact Allie Jo Shipman at alliejo.shipman@ncpanet.org with any questions or requests for more details.

Legal Activity

- **Filed a joint brief with NACDS and the Washington State Pharmacy Association** in a lawsuit challenging changes to how the state of Washington reimbursed pharmacies in the Medicaid program.
- **Provided support to several states defending** lawsuits brought by PBMs seeking to overturn certain state laws.

The Engines That Fuel NCPA's Advocacy Success

- **The NCPA Legislative/Legal Defense Fund**
Have you ever marched down to city hall or the state capital and stamped your foot and gotten exactly what you wanted? Probably not, because it doesn't often work that way – not locally, and not in Congress. In

our political system, there's strength and influence in numbers. That's why, when community pharmacists nationwide band together – *when we pool our votes and our relationships and our checkbooks* – we can get stuff done in Washington, DC and in state capitals.

NCPA's Legislative-Legal Defense Fund supports our entire advocacy operation: research, lobbyists, attorneys, communications, the whole ball of wax. *The better funded the LDF, the more resources and influence we can put toward getting our priority legislation passed, friendly regulations adopted, and defending your practice in key litigation.*

Following are major investors in the LDF for the July 1, 2017-June 30, 2018 timeframe. To become one of them, visit www.ncpanet.org/ldf and invest.

LDF PLATINUM (\$200,000 OR MORE IN CORPORATE FUNDS ANNUALLY)

AmerisourceBergen Corp.
Compliant Pharmacy
Alliance Cooperative

LDF GOLD (\$100,000 OR MORE IN CORPORATE FUNDS ANNUALLY)

Cardinal Health

LDF SILVER (\$50,000 OR MORE IN CORPORATE FUNDS ANNUALLY)

American Pharmacy Cooperative, Inc.
McKesson Corp.



Rep. Frank Pallone (D-N.J.) meets with constituent pharmacists and NCPA staff.



Vicki Cunningham, RPh, Director of Pharmacy Services, West Virginia Bureau for Medical Services; Matt Salo, Executive Director of the National Association of Medicaid Directors; and Del. Keith Hodges, RPh (R-Va.) provide a Medicaid update at NCPA's 2018 Congressional Pharmacy Summit.

LDF BRONZE (\$5,000 OR MORE IN CORPORATE FUNDS ANNUALLY)

Alliance of Independent Pharmacists of Texas
American Associated Pharmacies
American Pharmacy Services Corp.
Georgia Academy of Independent Pharmacy
Georgia Pharmacy Association
H. D. Smith
Independent Pharmacy Cooperative
Innovatix LLC
PBA Health / TrueCare Pharmacies
PCCA
PioneerRx
RxPlus Pharmacies, Inc.
RxPreferred Benefits
Smith Drug Co.

LDF MVP (\$5,000 OR MORE ANNUALLY)

Buford Abeldt, Lufkin, Texas
Ralph Balchin, Fayetteville, Ga.
Donna Barsky, Plano, Texas
Jay Blackburn, Stoughton, Wis.
Ketan Chaudhasi, Philadelphia
Timothy Finley, Benton, Ark.
Ben Flanagan, Acworth, Ga.
Steven Geoffroy, Lowell, Mass.
Tom Haas, Oskaloosa, Iowa
Richard Harmon, Clarksville, Ark.
Cynthia Hedden, Sheridan, Ark.
Robert Mabe, Ashville, Ohio
Nicole McNamee, Williamson W.V.
Michael Minesinger, Peoria, Ill.
Freddy Mubarek, Elgin, S.C.
Gary Wientjes, Lexington, Ky.

• The NCPA Political Action Committee

The NCPA PAC supports candidates who think as you do, who understand the challenges of running a business and squeezing every nickel, so you can serve your patients well. Supporting those candidates means funding

campaigns, and that's what the NCPA PAC does. To be effective requires a strong, well-funded PAC. Your personal investment in the NCPA PAC means it will have enough money to help fund congressional campaigns and build NCPA influence. Pro-pharmacy elected officials will be much more willing to consider the evidence we present concerning PBM abuses – and do something about it.

Following are major investors in the NCPA PAC for the July 1, 2017-June 30, 2018 timeframe. To learn more about the PAC, visit www.ncpanet.org/pac.

PAC MVP INVESTORS (\$5,000 IN PERSONAL FUNDS ANNUALLY)

Jay Blackburn, Stoughton, Wis.
Danny Cottrell, Brewton, Ala.
Stephen Giroux, Middleport, N.Y.
Robert Greenwood, Waterloo, Iowa
Edward Heckman, Stoughton, Wis.
Douglas Hoey, Alexandria, Va.
Edmund Horton, Stephenville, Texas

PAC CHAMPION INVESTORS (\$2,500 OR MORE IN PERSONAL FUNDS ANNUALLY)

Bradley Arthur, Buffalo, N.Y.
Ralph Bouvette, Frankfort, Ky.
Hubert Bryan, Enterprise, Ala.
Jeffrey Carson, San Antonio
Brian Caswell, Baxter Springs, Kan.
Hugh Chancy, Hahira, Ga.
Jimmie Holder, Alva, Okla.
Bill Osborn, Miami, Okla.

• **The NCPA PAC helps us support our champions on Capitol Hill who are fighting for you.**

NCPA organized several successful fundraisers with the help of members like you, who contributed personally to the campaigns of the following community pharmacy champions:

Rep. Michael Burgess (R-Texas)
Rep. Buddy Carter (R-Ga.)
Rep. Doug Collins (R-Ga.)
Rep. Morgan Griffith (R-Va.)
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