



2025

INDEPENDENT COMMUNITY PHARMACY LEGISLATIVE PRIORITIES

In December a bipartisan, bicameral agreement was initially reached on pro-pharmacy, pro-patient, and pro-taxpayer legislative measures. While they were not incorporated in the end-of-year government funding package, these pharmacy benefit manager reform provisions continue to garner broad bipartisan support in the House and Senate. Congress must include the agreed upon PBM reform measures in any legislative vehicle that moves, particularly:

- **Medicaid managed care payment reform/spread pricing ban** — Move 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. **It also saves taxpayers over \$2 billion.**
 - Reintroduced in the Senate by Sens. Peter Welch (D-Vt.), Roger Marshall (R-Kan.), Mark Warner (D-Va.), and Bill Cassidy (R-La.) as the *Protecting Patients in Medicaid Act* (S. 927).
- **Reasonable and relevant contracts in Medicare Part D** — Require the Centers for Medicare & Medicaid Services to define and enforce “reasonable and relevant” Medicare Part D contract terms. It also would create a process for pharmacies to report contract violations and give CMS tools to oversee and enforce reasonable and relevant contract requirements.
 - Passing this provision has become a dire necessity due to the recent CMS 2026 final Part D rule on the implementation of the Medicare Drug Price Negotiation Program.
 - Reintroduced in the Senate by Sens. Marsha Blackburn (R-Tenn.), Maggie Hassan (D-N.H.), and Mark Warner (D-Va.) as the *Patients Before Middlemen (PBM) Act* (S. 882).

Additional NCPA policy priorities that were not included in the December package:

- The *Pharmacy Benefit Manager Transparency Act* (S. 526), introduced by Sens. Maria Cantwell (D-Wash.) and Charles Grassley (R-Iowa):
 - Bans deceptive, unfair pricing schemes; prohibits spread pricing and arbitrary clawbacks of payments made to pharmacies; and requires PBMs to report to the Federal Trade Commission how much money they make through spread pricing and pharmacy fees. The legislation also clarifies the enforcement authority of the FTC and state attorneys general to prohibit unfair or deceptive business practices that PBM-insurers use against community pharmacies.
- The *Equitable Community Access to Pharmacist Services (ECAPS) Act*, which has not yet been reintroduced this legislative session.
 - 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 Medicare Part B direct reimbursement 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.



Founded in 1898, the National Community Pharmacists Association is the voice for the community pharmacist, representing nearly 19,400 pharmacies that employ 215,000 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)