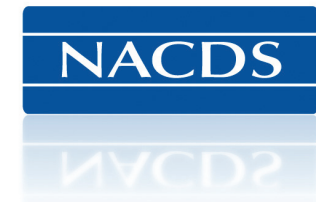


Steve Anderson, President, CEO National Association of Chain Drug Stores



By Steve Anderson

I will spare you the introductory paragraph that attempts eloquence. Let's get right to the point. In NACDS' view, 2017 could be one of the most pivotal years in health care policy and in pharmacy patient care. NACDS not only is ready to advocate for pharmacy in this unprecedented environment; that vital work already is redoubled and under way.

The overarching goal remains the same. It is rooted in the truth that NACDS members serve as the face of neighborhood health care, with the people of pharmacy improving and saving lives every day. Therefore, NACDS wages an aggressive offense to create pro-patient and pro-pharmacy opportunities to enhance the accessibility, quality and affordability of health care. NACDS also presents a staunch defense to thwart unintended consequences or outright attacks that jeopardize pharmacy patient care.

As a result of the presidential election, some of the objectives for 2017 related to this overarching goal are identical to what I would have written a couple of months ago; some of them are decidedly different. Few would have predicted an imminent discussion of substantial changes to the Affordable Care Act. Few would have predicted the opportunity for a potentially impactful review of regulations that affect not only pharmacy and not only health care segments — but virtually all industries.

NACDS already is engaging proactively with President-elect Trump's transition team: with Rep. Tom Price (R., Ga.), the nominee for Secretary of Health and Human Services; with Seema Verma, the nominee for administrator of the Centers for Medicare and Medicaid Services; with the congressional leadership; and with the newly elected members of the 115th Congress.

With all of this in mind, here are a few dynamics that are worth keeping in mind as we head into 2017.

Electoral politics remain powerful

The 2017 policy outlook will be shaped alike by the consequences of the 2016 elections and the anticipation of those of 2018.

On its face, the outcome of the 2016 elections produced Republican control of the executive and legislative branches. However, in many respects, it could be argued that in Pres-

ident-elect Trump the United States has its first independent president. He brought the persona and the pocketbook necessary to wage a credible independent effort, though he took the path of a major party's nomination process.

As for 2018 — its elections already loom large, particularly regarding the Senate. Democrats will defend 25 seats and Republicans only will need to defend eight seats. Of the 25 seats that Democrats must defend, 10 are in states that President-elect Trump carried. It seems one part of the Senate Democratic Caucus will be focused on opposing every aspect of the Trump administration, while another part may have more of an electoral incentive to negotiate.

Many policy outcomes of 2018 may come down to the art of the deal — a powerful dynamic that must remain top-of-mind.

Two fronts for ACA

NACDS already is waging a two-front campaign related to the ACA.

On one hand, it is essential to continue to bird-dog the implementation of the ACA's Medicaid pharmacy reimbursement provisions, including states' actions. On the other hand, it also is essential to remain in front of any efforts to "repeal," "replace" or otherwise fundamentally alter the ACA, from the standpoint of the effect on pharmacy patient care. Both sides of this equation require a proactive footing.

It is important to remember where pharmacy has been on this issue. NACDS and the National Community Pharmacists Association (NCPA) successfully sued to block a policy change

flowing from the Deficit Reduction Act of 2005 that — through its approach to Medicaid pharmacy reimbursement — could have forced the closure of an estimated 11,000 pharmacies, or 20% of all stores.

Subsequently, adjustments to the average manufacturer price (AMP) model of Medicaid pharmacy reimbursement contained in the ACA mitigated those cuts.

In 2017, the new approach to Medicaid pharmacy reimbursement will remain at the forefront of the pharmacy policy agenda — as it has for the past decade-plus.

Provider status, scope of practice momentum

I want to commend the members of the Patient Access to Pharmacists' Care Coalition — of which NACDS is a founding member.

The coalition's collaborative efforts created a fantastic start for the Pharmacy and Medically Underserved Areas Enhance-

ment Act, which would improve underserved Medicare patients' access to state-approved pharmacist services. In the 114th Congress, half of the Senate and two-thirds of the House co-sponsored the bill — creating a tremendous building block for the 115th Congress.

2017 could be one of the most pivotal years in health care policy.

At the same time, much of the work related to improving access to pharmacy patient care takes place at the state level. Over the past decade, one of the best examples can be found in pharmacists' vaccination authority. It was not until 2009 that pharmacists were able to administer the flu vaccine in all 50 states — when Maine became the 50th state to take that step. In 2015, Georgia became the 50th state in which pharmacists can provide

at least three vaccines. In 2017, NACDS will continue to advance policies that enhance pharmacists' scope of practice in the areas of vaccinations, preventive screenings, medication therapy management and other services.

Beyond policy solutions, NACDS is working in other ways to leverage the extensive education of pharmacists and the accessibility of pharmacy locations. We will build on two recent examples. In July 2016, NACDS and the University of Pittsburgh School of Pharmacy launched a pharmacogenomics initiative that helps to equip pharmacists with the skills to help ensure patients are getting the right medicine, and at the right dose, given their genetic makeups.

Previously, NACDS conducted its second round of training sessions to advance point-of-care testing in community pharmacies to improve the treatment of flu, strep throat and other acute and chronic conditions.

Pharmacy's value, viability demand attention

Pharmacy has earned the trust of patients, and that of elected officials. Strong participation in the NACDS RxImpact grassroots program — including hosting legislators for pharmacy tours — has gone a long way in helping decision makers understand and appreciate the value of pharmacy.

That said, government leaders need to understand the value of pharmacy and that sound policies are needed to assure its viability. To talk with pharmacy personnel today is to hear serious concerns about overbearing regulations, network adequacy, reimbursement practices, direct and indirect remuneration fees, and other threats. These need to be front and center in 2017.



Steve Anderson

Building from a position of strength

Amid the potentially seismic shifts in health care policy that could be initiated in 2017, it is worth considering recent progress. As I write this in the first week of December, Congress is considering the final versions of two bills, 21st Century Cures, and the National Defense Authorization Act. Both bills reflect accomplishments earned through NACDS' pro-patient, pro-pharmacy advocacy and collaboration with our allies.

The 21st Century Cures legislation, which NACDS largely supports, given its emphasis on health care innovation, was finalized without a damaging provision that would have used reductions in Medicaid pharmacy reimbursement to help pay for the bill.

The defense bill includes the NACDS-supported Tricare pilot program, which will maintain the ability of military families and veterans to obtain their prescriptions at the pharmacy of their choice, while providing significant savings to the Department of Defense. NACDS will advocate with the Department of Defense on the implementation of the pilot. In addition, the bill includes no new co-payment increases, which also is important for pharmacy choice and access for our nation's bravest.

I began this column with a direct assessment of the outlook for 2017. I will close with a direct pitch: Pharmacy's engagement is needed to defend and advance pharmacy patient care. I hope you will participate in NACDS RxImpact Day on Capitol Hill in Washington, D.C., on March 14 and March 15, 2017. In 2016, advocates at this event met with 90% of Congress. It will be essential to similarly saturate Capitol Hill in 2017 at the very time that far-reaching decisions will be in play.

For the good of your business and the patients you serve, you need to be there — perhaps like never before.

