

NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

PHARMACISTS PROVIDE ACCESS TO BETTER HEALTHCARE EVERY DAY

WE'RE HERE TO PROVIDE ACCESS TO HEALTH POLICY SOLUTIONS

People trust pharmacies for answers in times of need.

Pharmacies' role as the face of neighborhood healthcare leads to trusted solutions on pressing health and wellness issues.

IN THE COMMUNITY...

IN POLICY...

DEFENDING ACCESS TO PHARMACY PATIENT CARE:



Report visiting a pharmacist in the past 12 months.



Agree that change is needed in rules that result in below-cost or unpredictable reimbursement from payers to pharmacies.

ENHANCING ACCESS TO NEWER SERVICES:



Seniors say pharmacies are easy to access - the highest rating of all providers tested.



Support enhancing patient access to newer pharmacy services such as vaccinations, testing, and diabetes management.

REDUCING PATIENTS' OUT-OF-POCKET DRUG COSTS:



Say pharmacists are credible information sources on prescription drug savings.



Support pharmacists using their expertise to build on 2018's "gag-clause" prevention law and identify other ways to lower patients' costs.

HELPING TO SOLVE THE OPIOID ABUSE EPIDEMIC:

2-TO-1

By a 2-to-1 margin, pharmacies and pharmacists are considered more as part of the solution than as part of the problem of opioid abuse.



Support leveraging pharmacies' role to help solve issues related to opioid abuse.

National poll of 1,995 registered voters, conducted January 4-6, 2019, by Morning Consult and commissioned by NACDS (margin of error +/- 2%).

#RxIMPACT

Pharmacies. The face of neighborhood healthcare.

ASKS:

Americans rely on pharmacists for accurate prescriptions and valuable, cost-lowering, quality healthcare services. Take an NACDS RxIMPACT pharmacy tour to see the full value of Pharmacy.

Send a letter (or support a congressional sign-on letter) to tell The Centers for Medicare & Medicaid Services (CMS) to use its' authority to reform Pharmacy DIR in the final rule to lower beneficiary out-of-pockets costs and improve access and health outcomes.

Support soon-to-be introduced legislation to recognize pharmacists as Medicare providers to better utilize pharmacists in the fight against the opioid crisis.

Support 4 key opioid abuse policies to help eliminate individual state variations and enact legislation to address 7-day supply limits for initial opioid prescriptions for acute pain.

#RxIMPACT*Pharmacies. The face of neighborhood healthcare.*

ASK: Americans rely on pharmacists for accurate prescriptions and valuable, cost-lowering, quality healthcare services. Take an NACDS RxIMPACT pharmacy tour to see the full value of Pharmacy.

Accessible:

9 out of 10 live within 5 miles of a pharmacy.

Americans express high trust in the advice/care they receive at pharmacies.

Innovative:

Interventions improve patient health/outcomes and save downstream health care costs.

Increasingly provide vaccinations, education, point of care and disease-state testing and disease management, and medication synchronization

Cost-Saving:

Help patients understand benefits, utilize generic drugs, and obtain 90-day prescriptions

Lower healthcare spending costs by fully utilizing the skillset of pharmacists

Problem Solving:

Voters see pharmacists as part of the opioid epidemic solution.

Pharmacists are the most accessible healthcare providers providing quality healthcare services.

#RxIMPACT

Pharmacies. The face of neighborhood healthcare.

ASK: Send a letter (or support a congressional sign-on letter) to tell The Centers for Medicare & Medicaid Services (CMS) to use its' authority to reform Pharmacy DIR in the final rule to lower beneficiary out-of-pockets costs and improve access and health outcomes.

In line with the Administration's goal to reduce patient drug costs, CMS issued a proposal that contemplates reforms to pharmacy direct and indirect remuneration (DIR) fees by:

Redefining "negotiated price" to include all pharmacy price concessions
(beneficiary cost is based on negotiated price and a lower price lowers cost sharing)

Developing a broad definition of "price concession"
(include all discounts, direct/indirect subsidies, rebates that lower Part D sponsor costs)

Crafting standardized pharmacy performance metrics for 2020
(steps toward the development of Medicare Part D pharmacy quality incentive program)

Reforms would lower patient out-of-pocket costs and improve patient health.

Eliminate uncertainty pharmacies currently have with payments being retroactively clawed back as "DIR" months after payment.

ASK: Support soon-to-be introduced legislation to recognize pharmacists as Medicare providers to better utilize pharmacists in the fight against the opioid crisis.

The millions of Medicare beneficiaries lacking access to primary healthcare services is growing. Pharmacists, who are recognized by States to provide these services, can fill these care gaps.

Although physicians and certain other providers are reimbursed under Part B for providing similar services, pharmacists are not.

Pharmacists provide convenient access and reduce healthcare costs by improving patient care and collaboration among providers, optimizing medication use for improved patient outcomes, contributing to medication error prevention, and preventing hospital readmissions cost-avoidance.

Pharmacists are well positioned to help battle the opioid crisis by identifying and treating those with opioid addiction (i.e. opioid antagonist counseling, opioid risk factor intervention services).

ASK: Support the below 4 key opioid abuse policies to help eliminate individual state variations and enact legislation to address 7-day supply limits for initial opioid prescriptions for acute pain.

- Mandatory e-prescribing of all prescriptions with limited exceptions
- Legislate 7-day supply limit for prescribing initial opioid prescriptions for acute pain
- Collaborate with stakeholders on a nationwide Prescription Drug Monitoring Program database
- Provide manufacturer-funded mail-back envelopes for unused opioid drugs (at pharmacies)

Enact legislation to limit & standardize initial opioid prescriptions for acute pain:

Limit initial opioid prescriptions for acute pain to no more than a 7-day supply.

Accommodate appropriate prescription limit exemptions (chronic pain; pain as a part of palliative care, cancer care, hospice care, other end-of-life care; medications to treat opioid addiction).

Establish that compliance with prescribing limits is the responsibility of the prescribing practitioner; pharmacists shouldn't be made to "police" prescribers.

More than 30 states have enacted similar opioid prescribing limits, which are consistent with the Centers for Disease Control & Prevention opioid prescribing guidelines and serve to reduce the incidence of misuse, abuse, and overdose of these drugs.