KEY “ASKS” FOR NACDS RXIMPACT DAY ON CAPITOL HILL

1. Recognize the Value of Pharmacy and improve access to pharmacist services by supporting H.R. 592/S. 314, a bill to allow Medicare Part B to utilize pharmacists to their full capability by providing services to the underserved and by expanding access to Part D MTM services.

With growing healthcare demand, pharmacists have expanded their role beyond helping patients take medications to include services like health tests, helping to manage chronic conditions such as diabetes and heart disease, plus immunizations and medication therapy management (MTM). We support S. 776, the Medication Therapy Management Empowerment Act of 2015, and companion legislation soon to be introduced in the House to expand MTM eligibility criteria for beneficiaries in Medicare Part D with single chronic conditions such as diabetes, cardiovascular disease, COPD and high-cholesterol. We also urge you to support improving access to the many services pharmacists provide by cosponsoring the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 314), a bill that would recognize pharmacists as providers under Medicare Part B, allowing them to provide affordable, quality healthcare to medically-underserved populations. The lack of pharmacist recognition as a provider limits the ability of pharmacists to provide services they are qualified to perform and presents a barrier to care. This bill would remedy this situation.

2. Preserve Medicaid beneficiary prescription drug access by signing a congressional letter to the HHS Secretary calling for appropriate drug/dispensing reimbursement and at least a one-year implementation time period.

Congress has demonstrated bipartisan support, including in the Affordable Care Act, for Medicaid beneficiary access to local pharmacies via fair/accurate reimbursement. Last year, the Centers for Medicare and Medicaid Services (CMS) updated its regulatory plans for reforming Medicaid pharmacy reimbursement, announcing it will release the Medicaid Covered Outpatient Drugs Final Rule this year and finalize the new Average Manufacturer Price (AMP)-based Federal Upper Limits (FULs) and state guidance for implementing those FULs. Congress should weigh in with the agency to request: (1) Medicaid drug reimbursement that does not fall below drug acquisition cost; (2) state dispensing fees that accurately reflect the full cost of pharmacies’ cost to dispense Medicaid drugs; and (3) at least a one-year implementation time period after the final FULs regulation/guidance is published, given the need for many states to pass state-required legislative drug reimbursement measures, conduct cost-of dispensing studies, and file State Plan Amendments.

3. Support H.R. 793 to allow “Any Willing Pharmacy” in a medically-underserved area to participate in a prescription drug plan network in Medicare so patients aren’t forced into pharmacies that don’t meet their personal needs.

Pharmacies play a key role in maintaining healthcare access to millions and patients should be free to select a pharmacy that best fits their health needs and provides the most accessible care. Restrictive policies of preferred pharmacy networks often result in patients forced into pharmacies that don’t meet their personal needs or that are too far from their homes. This has become especially problematic in underserved areas, where older and disabled Medicare beneficiaries often are required to travel long distances to use a preferred pharmacy. H.R. 793, the Ensuring Seniors Access to Local Pharmacies Act of 2015, allows “Any Willing Pharmacy” in a medically-underserved community to participate in prescription drug plan networks in Medicare as a preferred pharmacy if they are willing to meet the terms and conditions of the plan. In the Senate, please request that the Senator consider sponsoring a Senate companion bill to H.R. 793.

4. ONLY TRICARE TARGETS: Protect TRICARE patient choice/access by delaying pharmacy changes, allowing 90-day retail fills until home delivery, and providing an opt-out for patients to use a local pharmacy.

Severely limiting the number of pharmacy options available to a patient creates a barrier to care from the most knowledgeable professional who best meets their needs. The FY2015 National Defense Authorization Act contained changes to drive TRICARE beneficiaries out of local pharmacies and into the TRICARE Mail Order Program (TMOP), including requiring the use of mail order for non-formulary medications, and requiring refills of non-generic prescription maintenance medications via military treatment facility pharmacies (MTFs) or TMOP. This Act also implemented copayment increases for prescriptions obtained at both retail and through mail order. These changes place even greater financial burdens on TRICARE beneficiaries, and severely limit their ability to obtain non-formulary and maintenance medications from their local pharmacy. Congress should take steps to: (1) delay implementation of changes to TRICARE until long-term solutions are established that don’t hurt patient care; (2) allow three retail setting fills (90 days) for brand name maintenance medications before requiring the use of a MTF or mail order to ensure time to arrange home delivery; and (3) give beneficiaries the opportunity to opt-out of the requirement to obtain the maintenance brand name drugs at either an MTF or through mail order for those patients that prefer their local pharmacist.