HIGHLIGHTS:

- Preserve beneficiary access to pharmacy services provided to Medicaid, Medicare and commercially-insured patients as Congress continues to debate health care policy.

- Support and pass provider status legislation in the House and Senate (H.R. 592/S. 109).

- Support 4 proposals that address the opioid abuse epidemic and preserve patient access to pharmacy care, including legislation to require electronic prescribing in Medicare Part D (H.R. 3528).

- Support House/Senate letters to the Department of Health and Human Services calling for Medicare Part D DIR reforms.

- Support House/Senate letters to the Department of Defense urging a working group to establish policies that improve patient access to retail pharmacies and reduce TRICARE costs (Member Option).

#RxIMPACT
HIGHLIGHTS:

• Recognize pharmacy’s value in delivering access to low-cost, high-quality care. Support efforts that preserve Medicaid, Medicare, and all patient access to pharmacy benefits and services.

• Medicaid: Pharmacies play a valuable role in Medicaid given 89% of Americans live within 5 miles of a community pharmacy. CMS regulations recognize patient access suffers when drugs are reimbursed below cost. States choose to provide pharmacy benefits, even though optional, as we lower other costs.

• Medicare: Preserve/expand coverage of Medicare Part D MTM services. A government MTM Model Pilot lets CMS test innovations to use pharmacists, improve access.

• All Patients: Preserve benefits/services and incentivize the use of preventive services (immunizations, screenings). Patients are apt to use these already-pharmacist-provided services when there’s zero cost-sharing. It’s critical to provide these services as 50K die annually from vaccine preventable diseases.
HIGHLIGHTS:

• As Congress continues to debate healthcare, a prevailing issue will be the adequacy of access to affordable, quality healthcare.

• The lack of pharmacist recognition as a provider by third party payors (Medicare/Medicaid) has limited the ability of pharmacists to provide patient services, even though fully qualified to do so.

• The *Pharmacy and Medically Underserved Areas Enhancement Act* (H.R. 592 / S. 109) remedies this issue and provides access for Medicare beneficiaries in medically underserved communities to covered Medicare Part B services from their pharmacists.

• Reimburses at 85% of physician rate for services pharmacists already may provide under state scope of practice laws.

• Savings from cost-effective early intervention, less need for more expensive intervention later on.

**ASK:** Support and pass provider status legislation (H.R. 592/S.109) in the House and Senate to establish pharmacists as providers in Medicare Part B for medically-underserved areas.

#RxIMPACT
HIGHLIGHTS:

Pharmacists provide care but also must guard against prescription drug abuse. Support 4 solutions to complement pharmacy’s collaboration with other healthcare professionals and with law enforcement.

1. Require prescriptions be issued electronically with few limitations:
   • E-prescribing increases security and curbs fraud, waste and abuse.
   • EPCS has been legal in 50 states since 2015 but only 14% of controlled substance prescriptions are electronic.
   • Support the Every Prescription Conveyed Securely Act (H.R. 3528) by Reps. Clark (D-MA) and Mullin (R-OK) to require Medicare Part D EPCS to combat abuse and diversion of prescription medications.

2. Legislate 7-day supply limit for the prescriber of initial opioid prescriptions:
   • The CDC Prevention Guideline for Prescribing Opioids for Chronic Pain suggests this limit.
   • CDC has found increased initial opioid exposure is linked to long-term use and addiction risks.
   • More than 20 states have legislated showing federal law is needed for consistent patient care.
   • Need federal law/guidance as it’s unclear if pharmacists can partially fill controlled substances.
3. Create a national prescription drug monitoring program (PDMP) through collaboration:
   • States use data to identify/prevent drug abuse & diversion, but variances limit effectiveness.
   • Sync state reporting/accessing PDMP data and create 1 system supported by healthcare providers & law enforcement.
   • A national PDMP should leverage e-prescribing for real-time prescriber guidance.

4. Provide manufacturer-funded mail-back opioid envelopes to patients/pharmacies on request:
   • Many pharmacies offer disposal programs as appropriate by community and by store.
   • A program featuring manufacturer-funded mail-back envelopes provides an option that is universally workable.
   • State legislation could facilitate a mail-back program.
   • Educational materials also are in use and could be expanded in appropriate ways.

**ASK**: Please cosponsor H.R. 3528, the Every Prescription Conveyed Securely Act and support policy concepts that complement existing pharmacy efforts, such as compliance programs, e-prescribing efforts, drug disposal, patient education, security initiatives, naloxone access, and efforts to stop illegal online drug sellers and rogue clinics.

#RxIMPACT
HIGHLIGHTS:

• Direct and indirect remuneration ("DIR") fees began as a fee category to report manufacturer rebates. It’s now a Part D Plan catch-all to add performance-based or preferred network fees.

• CMS reported DIR use is significantly growing and has led to increased beneficiary cost-sharing and increased government costs.

• Pharmacies are forced to conduct business unsure if a reimbursement is final or subject to a future fee, threatening patient access.

• A recent CMS-issued rule for the Part D program included a RFI to require all pharmacy price concessions be included in the negotiated price – the price used to determine a beneficiary’s out-of-pocket costs at the point-of-sale. We support this proposal.

• Also support pharmacy-specific performance-based incentive program and capping performance-based fees.

ASK: Please support a letter to the Secretary of Health and Human Services about the need for DIR reform in the Part D Program.

#RxIMPACT
HIGHLIGHTS:

- The Department of Defense (DoD) pays more for certain prescriptions when dispensed at retail versus mail order and military treatment facilities (MTFs). This disparity led to misguided policies – like higher copays and requirements that brand maintenance medications be acquired from MTFs/mail order – steering patients away from their local pharmacy.

- Restricting TRICARE patient access shifts costs to Medicare. The Congressional Budget Office found that copay increases included in the FY2016 National Defense Authorization Act would result in $1 billion more in Medicare spending.

- Addressing this disparity would produce savings for the agency from reduced administrative costs. Mail order administrative and dispensing costs are much higher than retail.

- To make this change supported by the Acting Under Secretary of Defense for Personnel and Readiness, Congress should urge DoD to convene a group to identify ways to save government funds and maximize TRICARE pharmacy options.

ASK: Please sign a Congressional letter to DoD urging the Secretary to convene a working group to establish policies that improve patient access and reduce TRICARE costs.

#RxIMPACT