NCPA Long Term Care Division – 2012 Advocacy Efforts

Overview
NCPA represents the interests of America's community pharmacists, including the owners of more than 23,000 independent community pharmacies, pharmacy franchises, and chains. Together they represent a $93 billion health-care marketplace, have more than 315,000 employees including 62,400 pharmacists, and dispense over 40% of all retail prescriptions. In addition, 34% of our members serve one or more long-term care (LTC) facilities and 48% serve one or more assisted living facilities. In sum, approximately 40% of the long-term care market is serviced by an independent community pharmacy.

Preserving Access to Long-Term Care Pharmacy Services
NCPA continues to focus on issues impacting our members who operate long-term care (LTC) pharmacies. Our top priorities for LTC pharmacy include a smooth transition to Part D short cycle dispensing starting in 2013, a legislative solution regarding the nurse-as-agent issue, stopping any efforts to separate consultant pharmacists from the dispensing pharmacy, increased transparency surrounding Maximum Allowable Cost (MAC) pricing, fair and equitable Medicaid reimbursement in states who are using the actual acquisition cost benchmark, and efforts to stop potential abuses of the 340B program in the LTC setting.

Priority Issues
Short Cycle Dispensing
NCPA’s LTC Division spearheaded an industry effort resulting in a letter signed by 20 groups which was successful in convincing CMS to delay implementation of the short-cycle regulation from Jan. 1, 2012 to Jan. 1, 2013, and changed the requirement that LTC pharmacies dispense solid oral doses of brand-name medications in 7-day-or-less supplies (the final rule requires 14-day or less supplies). NCPA continues to work with CMS regarding how LTC pharmacies will account for dispensed, but unused, medications that pharmacies will be responsible for reporting to Part D plans.

Nurse-as-Agent
In September 2011 Senate Special Committee on Aging Chair Herb Kohl (D-WI) introduced the Nursing Home Resident Pain Relief Act of 2011. The bill was written with the intent to help ensure that nursing home residents have timely access to Schedule II pain medication in emergency situations. NCPA continues to meet with staff of Chairman Kohl to offer recommendations and discuss our members' concerns with the bill. NCPA is also working with other LTC stakeholder organizations on joint responses concerning the legislation.

Separation of Consultant Pharmacist
NCPA submitted comments to CMS opposing the separation of the consultant pharmacist from the dispensing pharmacy. Separation will not provide the change they desire and will create more hardship than positive outcomes. Assuming CMS moves forward with its proposal, we have requested that the agency consider exemptions from the separation requirement for rural pharmacies, pharmacies that are a combination of community retail sector and long-term care sector, and non-publically traded, non-publically owned independent LTC pharmacies. At the very least, the proposal deadline should be delayed by a year to allow for pharmacists to make the transition.
PBM Transparency and Audit Reform and Increased Transparency Surrounding MAC Pricing

*The Pharmacy Competition and Consumer Choice Act (H.R. 1971/S. 1058)*

These bills are designed to increase transparency, allowing employers to drive a better bargain and force the PBM to pass through more savings to the payer and the patient. The bill provides protections from certain abusive and burdensome audit practices by PBMs as well as allows any willing pharmacy to participate in a network, so long as it is eligible to participate in a federal or state health plan. The legislation also allows pharmacies access to a plan’s methodology for determining reimbursement rates (e.g., Maximum Allowable Costs) and requires those rates to be updated at least weekly.

Sponsors: Rep. McMorris-Rodgers (R-WA) and Ross (D-AR)
Senators Pryor (D-AR) and Moran (R-KS)

Assuring Medicare Diabetic Patients Access to Pharmacy Services

*The Medicare Diabetes Access to Care Act (H.R. 1936)*

Introduced in May 2011, this bill would exempt diabetes supplies (test strips, monitors, lancets, glucose control solutions) sold at small pharmacies (10 or fewer stores under common ownership) from the competitive bidding program and allow any retail community pharmacy to continue to furnish blood glucose self-testing equipment and supplies regardless of the method of delivery, including through delivery to a beneficiary's home. NCPA is working closely with the bill’s sponsors, Rep. Aaron Schock (R-IL) and Rep. Peter Welch, to ensure that closed-door LTC pharmacies will continue to be able to serve patients in LTC settings as well.

Sponsors: Rep. Schock (R-IL) and Welch (D-VT)

Use of Antipsychotic Medications in Nursing Homes

The use of antipsychotic medications in nursing homes is under scrutiny by a number of government entities. NCPA worked with other stakeholder LTC pharmacy groups and the Pharmacy Quality Alliance (PQA) to submit recommendations to the CMS Administrator regarding the use of antipsychotic drugs in LTC facilities. The letter was submitted as a follow up request from an October 2011 meeting CMS hosted for the LTC community. NCPA also submitted comments to CMS regarding recent proposals to strengthen the Drug Utilization Review process within Part D and submitted a statement to the Senate Special Committee on Aging hearing, *Overprescribed: the Human and Taxpayers’ Costs of Antipsychotics in Nursing Homes*. Looking ahead, NCPA LTC will work with the involved agencies and LTC stakeholders as it relates to further OIG reports in this area, CMS’ study of nursing homes, and potential legislation.

Fair and equitable Medicaid reimbursement for LTC pharmacies

NCPA is providing comments to CMS’ proposed regulation that would implement the AMP-based reimbursement system that will be used to set Federal Upper Limits (FULs) for generics. The five draft lists that CMS has released to date indicate significant underpayment to independent community pharmacies for multiple source drugs. NCPA continues to report the harmful impact these lists have on patient access to pharmacy services. As more state Medicaid programs move towards new reimbursement benchmarks including Actual Acquisition Cost (AAC), NCPA will continue to fight for the interests of LTC pharmacies who should be paid a higher dispensing fee based on specialized services they provide for LTC residents.