



Winning Big for Community Pharmacy

By Michael F. Conlan

It was President John F. Kennedy who said, “Victory has a thousand fathers, but defeat is an orphan.” Community pharmacy’s sweeping legislative victory on three crucial bottom-line issues this summer actually had tens of thousands of fathers (and mothers, too). They called, e-mailed, faxed, and wrote their representatives and senators in record numbers—25,000 times in the four weeks our critical bill was being considered.

The hard-fought June-July 2009 battle will long be remembered as an all too rare occasion when pharmacists in many practice settings across the country stood together and rallied to the call for action. Hopefully, now that they’ve tasted the fruits of victory, it will be easier to mobilize them and thousands more of their colleagues for the struggles that still lie ahead. Here is what their actions helped accomplish:

- Requiring a 14-day reimbursement cycle for clean electronic Medicare Part D claims
- A further delay to Oct. 1, 2009 in instituting AMP-based Medicaid generic drug reimbursement cuts
- Postponement of the Medicare DME competitive bidding program for 18 to 24 months

It can’t be emphasized enough the powerful opposition community pharmacy overcame: the Pharmaceutical Care Management Association, representing the giant PBM/mail order industry, waged an unrelenting two-year lobbying and advertising campaign against prompt pay; and, of course, President Bush, who vetoed the bill that included the three pro-pharmacy provisions. The bill that eventually became law started with Sen. Max Baucus (D-Mont.) with whom NCPA worked closely with for months on community pharmacy issues. Republican opposition blocked consideration of his S.3101, and an effort to proceed (“invoke cloture”) failed June 12 to get the required 60 votes (54–39).

The focus then shifted to the House, where Reps.

Charles Rangel (D-N.Y.), John Dingell (D-Mich.), Pete Stark (D-Calif.), Frank Pallone (D-N.J.) and others tweaked the Baucus bill. Their bill was H.R.6331, the Medicare Improvements for Patients and Providers Act of 2008.

Using a parliamentary procedure that required a two-thirds majority for passage, H.R.6331 rolled through the House June 24 by an unexpectedly large 355–59 margin with Republicans in droves abandoning the White House and sending the measure to the Senate.

On June 26, Senate Majority Leader Harry Reid (D-Nev.) sought a cloture vote. The move failed 58 to 40—an improvement, but not good enough—and Congress recessed for the July 4th holidays. During the recess, the American Medical Association unleashed a withering lobbying effort aimed at Republicans who voted against cloture and blocked the most focused on feature of the bill—postponing a cut in doctors’ Medicare payments. NCPA members wrote nearly 1,000 letters to the editors of their local newspapers on the pharmacy provisions.

On July 9, Reid tried cloture again. The dramatic vote by Sen. Ted Kennedy (D-Mass.), his first since being diagnosed with a brain tumor in May, carried the day. The tally was 69–30, with 18 Republicans voting yes.

That sent the bill to the White House and the President’s veto on July 15. Before nightfall the same day, the constitutionally required two-third majorities (383–41 in the House and 70–26 in the Senate) overturned the veto and made the bill law.

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