NCPA created the Advocacy Center to fight in the legislative and regulatory arenas for the nation’s 23,000 independent community pharmacies and their patients because of the vital role that pharmacists play in health care. NCPA works on many issues affecting community pharmacy. We work on Capitol Hill, in the agencies and in the courts to defend access to this critical sector of the health care system. In 2012, working with our pharmacist members we delivered thousands of messages to policy makers and continued to be your advocate on a litany of legislative and regulatory issues that threaten your livelihood and your patients’ well-being.
Legislative Priorities Gain Support in 2012

The NCPA advocacy team, aided by the grassroots communication efforts from so many community pharmacists across the country, was able to bring our priority bills to the attention of hundreds of members of Congress and their staffs. All four bills gained a considerable number of cosponsors and two hearings were held that highlighted our issues and concerns. This will help build momentum for next Congress starting in 2013.

- **Medicare Transparency and Fair Auditing Act (H.R. 4215):** Introduced by Rep. Cathy McMorris-Rodgers (R-WA), the bill would bring more transparency and fairness by curbing abusive PBM audits of pharmacies participating in Medicare Part D. In addition, the bill would require PBMs that utilize a “maximum allowable cost” or MAC list for the purposes of pharmacy reimbursement to disclose how the list is calculated and require weekly updates to the list. (39 cosponsors)

- **The Pharmacy Competition and Consumer Choice Act (H.R. 1971/S. 1058):** Introduced by Sens. Mark Pryor (D-AR) and Jerry Moran (R-KS) in the Senate and Rep. Cathy McMorris Rodgers (R-WA) in the House, the bill would increase PBM transparency, provide protections from certain abusive and burdensome audit practices by PBMs, and allow any willing pharmacy to participate in a network, so long as it is eligible to participate in a federal or state health plan. (34 House; 7 Senate cosponsors)

- **Preserving Our Hometown Independent Pharmacies Act (H.R. 1946):** Introduced by Rep. Tom Marino (R-PA), the bill would create a more competitive marketplace for the delivery of pharmacy services by enhancing the ability of groups of independent community pharmacies to negotiate with PBMs. (40 cosponsors)

- **Medicare Access to Diabetes Supplies Act (H.R. 1936):** Introduced by Reps. Aaron Schock (R-IL) and Peter Welch (D-VT), this bill would exempt small pharmacies (no more than 10 pharmacy locations under common ownership) from the Medicare durable medical equipment (DME) competitive bidding program for diabetes testing supplies. (36 cosponsors)

House and Senate Members Initiate Audit of TRICARE Mail Order Waste

Congress recognized the waste within the TRICARE prescription drug mail order program, and requested that the Office of Inspector General (OIG) within Department of Defense (DoD) conduct an audit of the program to find out which policies and programs within the system are contributing to the waste and abuse.

NCPA Testifies on the Hill

- **Senate Drug Abuse Hearing:** On July 18, 2012, the U.S. Senate Caucus on International Narcotics Control held a hearing titled “Responding to the Prescription Drug Abuse Epidemic.” Joseph Harmison, past NCPA president and owner of Harmison Pharmacies in Arlington, TX testified at the hearing on behalf of NCPA. The hearing examined four main solutions to prescription drug abuse: education, prescription drug monitoring programs, safe disposal of drugs, and further collaboration with law enforcement.

- **Senate Commerce Committee Gray Market Activities Hearing:** On July 25, 2012, NCPA Senior Vice President of Government Affairs John Coster testified at the U.S. Senate Commerce, Science and Transportation Committee hearing titled, “Short Supply Prescription Drugs: Shining a Light on the Gray Market.” He urged Congress not to take actions that might limit the ability of pharmacies to care for their patients.
while acknowledging the primary and secondary wholesaler markets both play an important role in ensuring that all patients have seamless access to virtually any product that they are prescribed.

- **House Small Business Committee DME Competitive Bidding Hearing:** On September 11, 2012, Randy J. Mire, owner of Gem Drugs in Reserve and Gramercy, LA testified before the Small Business Subcommittee on Healthcare and Technology on DME competitive bidding and focused specifically on how small suppliers are faring. Mire said that if community pharmacies are not exempt from future rounds of DME competitive bidding, especially for diabetes testing supplies, many pharmacies will have no choice but to stop providing these services to patients.

**FDA Reform Bill**
The final Prescription Drug User Fee bill included major reforms of the Food and Drug Administration. The bill creates a generic drug user fee that should enable quicker approvals of generics. NCPA was successful in impacting many areas of the bill, most importantly, it did not include rescheduling of hydrocodone to Schedule II.

**Pharmacy Compounding**
In the light of the tragedy of the meningitis outbreak from a compounded medication, Congress may consider legislation in 2013 that might further regulate pharmacy compounding. NCPA is working closely with Congress and the FDA so that the role of traditional pharmacy compounding is preserved, and entities that engage more in manufacturing are regulated as such by the FDA.

**Other Legislative Issues**
NCPA submitted statements and questions to many congressional hearings and lobbied on the following bills: H.R. 5853, the Gray Market Drug Reform and Transparency Act of 2012; H.R. 436/S. 1699, bills to reduce the costs of prescription drugs under the Medicare program; S. 296, Preserving Access to Life-Savings Medications Act; Drug Cost Reduction Act; S. 1251, Medicare and Medicaid FAST Act; S. 882, STOP Act; S. 319, Pharmaceutical Market Access and Drug Safety Act of 2011; S. 1002, SAFE Doses Act; legislation affecting the off-label usage of antipsychotic medications in long-term care facilities.

---

**Congressional Pharmacy Caucuses**
In 2012, NCPA worked with longtime community pharmacy champions, Senators Jerry Moran (R-KS) and Jon Tester (D-MT) in the U.S. Senate and Representatives Cathy McMorris Rogers (R-WA) and Mike Ross (D-AR) in the House in forming the Community Pharmacy Caucuses. These caucuses are critical to advancing legislative priorities for community pharmacies. The caucuses hosted briefings for Capitol Hill staff in 2012 and continue to work raising awareness of important issues for community pharmacies and their patients. It is expected in 2013 that another longtime champion of community pharmacy, Rep. Peter Welch (D-VT) will serve as the Democratic co-chair to replace Rep. Ross, who retired from Congress in 2012.

### House Community Pharmacy Caucus Co-Chairs (2011-2012)
- Rep. Cathy McMorris Rodgers (R-WA)
- Rep. Mike Ross (D-AR)

### Members
- Rep. Robert Aderholt (R-AL)
- Rep. John Barrow (D-GA)
- Rep. Jaime Herrera Beutler (R-WA)
- Rep. Joe Courtney (D-CT)
- Rep. Geoff Davis (R-KY)
- Rep. Lloyd Doggett (D-TX)
- Rep. Jo Ann Emerson (R-MO)
- Rep. Jeff Fortenberry (R-NE)
- Rep. Virginia Foxx (R-NC)
- Rep. Jim Gerlach (R-Pa)
- Rep. Bob Goodlatte (R-VA)
- Rep. Tim Griffin (R-AR)
- Rep. Brett Guthrie (R-KY)
- Rep. Maurice Hinchey (D-NY)
- Rep. Tim Holden (D-PA)
- Rep. Jesse Jackson Jr. (D-IL)
- Rep. Lynn Jenkins (R-KS)
- Rep. Eddie Bernice Johnson (D-TX)
- Rep. Walter B. Jones (R-NC)
- Rep. Steve King (R-IA)
- Rep. Bob Latta (R-OH)
- Rep. Dan Lipinski (D-IL)
- Rep. Frank LoBiondo (R-NJ)
- Rep. Dave Loebsack (D-IA)
- Rep. Blaine Luetkemeyer (R-MO)
- Rep. Carolyn McCarthy (D-NY)
- Rep. Jim McGovern (D-MA)
- Rep. Mike McIntyre (D-NC)
- Rep. Mike Pompeo (R-KS)
- Rep. Bill Posey (R-FL)
- Rep. David Price (D-NC)
- Rep. Tom Reed (R-NY)
- Rep. Mike Rogers (R-AL)
Every day, the NCPA government affairs department works with members of Congress to help them better understand the day-to-day challenges facing community pharmacies, especially in regard to government-funded prescription drug programs. The best way to do this is for a member of Congress to visit a community pharmacy in their district. These visits give elected officials a “behind the scenes” look at daily operations and illustrate the important role our independent pharmacies play in the community. When visiting a pharmacy, each member of Congress has a hands-on opportunity to speak with the hosting pharmacist, the staff, and his or her constituents who visit the pharmacy. NCPA members held over 40 pharmacy visits with members of Congress in 2012. If you are interested in hosting your member of Congress for a pharmacy visit, please contact Hailey Ray in the NCPA Government Affairs Department at 703-838-2695.

Grassroots: NCPA Members Actively Engage in Influencing Congress and State Legislatures

In 2012, NCPA once again implemented a robust grassroots program on several national issues and increased our grassroots involvement in individual states. On the federal level, we continued to work on the Pharmacy Choice and Competition Act of 2011 (H.R. 1971/S.1058), the Preserving our Hometown Independent Pharmacies Act of 2011 (H.R. 1946), and the Medicare Access to Diabetes Supplies Act (H.R. 1936) as well as opposition to the ESI-Medco merger. There were also new issues in 2012 that required grassroots support. For example, NCPA members spoke out against and ultimately defeated a proposal to reclassify hydrocodone-containing products to Schedule II. This rescheduling would have negatively impacted patient care. Overall, grassroots efforts took a more targeted approach. We focused many of our efforts on key congressional committees rather than all legislators to make sure we were reaching the most influential.

In addition to our federal activity, NCPA was more active on the state level as well. We were engaged on PBM audit reform from a grassroots perspective in AK, UT, and MS. Additionally we fought against Medicaid managed care in states such as TX, IL, FL, and PA. Heading into 2013, it is likely that state level grassroots will continue to grow as more and more states address pharmacy issues. Please remain engaged and take action when requested to reinforce the key messages that your elected officials need to hear.

Working With Regulatory Agencies

**Medicare**

Approximately 32% of NCPA members’ business was attributable to Medicare Part D in 2011. In addition, many of our members also serve as DME suppliers under Medicare Part B. This past year NCPA achieved several important victories on behalf of independent community pharmacy.

- **Individual National Provider Identifier (NPI) Requirement for Part D Claims:** In 2013, the Centers for Medicare & Medicaid Services will more strictly enforce the requirement that a valid individual prescriber identifier be submitted with all Part D prescriptions. However, NCPA was able to convince CMS to delay the requirement until such time that all prescribers are required to have individual NPIs.

- **Medicare Part B Fee Schedule for Diabetes Testing Supplies:** NCPA is fighting to convince CMS that independent community pharmacies may be forced to stop selling diabetes testing supplies to Medicare patients because of a pricing structure that only realistically allows...
participation by large self-warehousing chain pharmacy or mail order supplier. CMS is considering a payment restructuring for non-mail order testing supplies based on what it calls “inherent reasonableness.”

- **Restrictive Networks:** More and more Part D plans are moving to preferred network plans for 2013. These plans charge higher co-pays to beneficiaries who get their medications from non-preferred providers. NCPA is continuing to battle with CMS regarding vague or misleading information on the Medicare Plan Finder tool and within Part D preferred plan advertising, which results in beneficiaries falsely believing that they can get low or $0 co-pays from any provider. NCPA has been successful in convincing CMS to force plans to alter their advertising.

**Medicaid**

Approximately 17% of NCPA members’ business was attributable to Medicaid in 2011. Through health care reform legislation, the Medicaid program is scheduled to greatly expand in coming years and NCPA has taken a lead role influencing changes within the context of this upcoming expansion.

- **Pushing Back Against AMP-Based FULs for Generics:** While a final rule to define how AMPs should be calculated has yet to be released, CMS did move forward this year with publishing draft lists of FULs based on manufacturer reported AMPs as well as files containing information on National Average Drug Acquisition Costs (NADAC) and National Average Retail Prices (NARP). As of the end of 2012, CMS had released 13 draft FUL lists as well as two three-month rolling average draft files and NADAC and NARP files, all of which seriously concerned NCPA. NCPA believes that at a minimum AMPs should be used to set FULs only when a final regulation on AMP is published. NCPA also believes that CMS lacks authority to publish a NADAC file, and that states need to increase dispensing fees to at least reflect pharmacies costs of dispensing if any form of acquisition cost-based reimbursement is used.

**FDA**

In 2012, the FDA continued to focus on many issues of importance to community pharmacy, namely initiatives involving Risk Evaluation and Mitigation Strategies (REMS), compounding, patient medication Information, and supply chain security. Many of these initiatives, primarily centered on drug manufacturers, have a direct impact on the practice of pharmacy. In light of the tragic meningitis outbreak, NCPA continues to dialog with the FDA regarding sensible solutions to best define those entities that are actually manufacturing under the guise of compounding.

**CBO: Savings Associated With Increased Medication Use**

For the first time, the Congressional Budget Office released an analysis that found that greater prescription drug access and utilization can reduce health care costs in other areas, such as hospitalizations. In its report, **Offsetting Effects of Prescription Drug Use on Medicare's Spending for Medical Services**, the CBO estimates that a 1% increase in the number of prescriptions filled by beneficiaries would cause Medicare’s spending on medical services to fall by roughly one-fifth of 1%.

**Surgeon General Supports USPHS Report on Pharmacists’ Role as Health Care Providers**

The U.S. Public Health Service released a report, **Improving Patient and Health System Outcomes through Advanced Pharmacy Practice**, which garnered a public letter of support from the Surgeon General, Dr. Regina Benjamin. The report makes the case for recognition of pharmacists as health care providers and points out that new compensation models are needed to sustain these evolving, patient-oriented care models. This may prompt further legislative or policy language and additional payment reform considerations. In her response to the report, Dr. Benjamin noted that the report “provides the evidence health leaders and policy makers need to support evidence-based models of cost effective patient care that utilizes the expertise and contributions of our nation’s pharmacists as an essential part of the health care team.”

As new care models emerge, such as accountable care organizations (ACOs), this is strong evidence and support for pharmacist engagement in the provision of appropriate medication use that can also yield savings to the health care system.
NCPA Advocates for LTC Pharmacy Issues

NCPA is focused on the important role of independent pharmacies in meeting the needs of patients in LTC settings, particularly in rural and smaller communities.

- **Short-Cycle Reporting Requirements**: NCPA and its members had serious concerns with the reporting requirements and shared our concerns in our comments to the agency. CMS took our comments into account and determined that it would take a “different approach to quantifying unused drugs.” CMS will be analyzing unused drugs through data reported to it from various sources, including PDE information.

- **Consultant Independence**: NCPA submitted comments to CMS that stated our opposition to the proposal to require consultant pharmacist independence from the dispensing pharmacy. CMS considered our comments and chose not to finalize the independence provision for 2013. We encouraged CMS to enforce current regulations already in place and let the industry further address this issue by increasing transparency and working with the Pharmacy Quality Alliance (PQA).

- **Use of Antipsychotic Medications in Nursing Homes**: NCPA was the first pharmacy association to meet with staff of the Senate Special Committee on Aging regarding draft legislation entitled “Improving Dementia Care Treatment in Long-Term Care Facilities Act of 2012.” NCPA had provided input that will positively impact independent LTC pharmacies to several drafts of the legislation.

- **Nurse-as-Agent**: NCPA led the development of a coalition of stakeholders to develop policy recommendations for the Nurse as Agent bill over the past year. We had been active in meeting with other LTC stakeholder organizations about this legislation as well as working with the bill sponsor to insert provisions that will improve the legislation.

In the States

Given the critical role that the individual states have in the implementation of federal health care reform and Medicaid expansion, NCPA is expanding its bandwidth and involvement in state legislative and regulatory activity. NCPA state government affairs efforts will be focused on PBM audit reform, MAC generic pricing transparency, Medicaid-related issues, and federal health care reform implementation (exchanges). In addition, NCPA will be actively supporting efforts to implement and expand pharmacist provider status or secure reimbursement for pharmacist-provided services.

As part of the expanded state focus, NCPA has also significantly expanded its visibility in a variety of state-related advocacy groups including the Republican and Democratic Governors Associations, the National Conference of State Legislatures, the Council of State Governments, and the American Legislative Exchange Council. NCPA has also drafted model state legislation on a number of relevant topics for use by state pharmacy associations including legislation addressing PBM transparency, PBM audit reform, MAC pricing transparency, anti-mandatory mail order, and PBM/MCO contractor integrity. NCPA state government affairs staff also works closely with state pharmacy partners to modify the NCPA model language to suit the individual needs of each state.

The 2012 state legislative sessions were successful for community pharmacy. PBM audit reform legislation passed in 11 states: Alabama, California, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Mississippi South Carolina, Utah, and Vermont. Most, if not all of these bills were based upon the NCPA model audit legislation. Also, NCPA was pleased to be able to assist state pharmacy partners with advocacy efforts in the form of letters of support and testimony.
Post-Election Analysis

The 2012 election did not result in significant political change as voters essentially endorsed the status quo in a time of widespread unhappiness about the economy and other matters. As a result, the country will continue to have a divided government with a Democrat in the White House, a Democratic majority in the Senate, a Republican majority in the House of Representatives, and a Republican majority of governorships.

Presidential: After a year of intense campaigning and record spending by candidates, parties, and outside groups, President Barack Obama (D) won a second term with 51% of the popular vote. The president was successful in winning the key swing states of Colorado, Florida, Iowa, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin to top Republican candidate Mitt Romney 332 to 206 electoral votes. He will be inaugurated for a second term on Jan. 20, 2013.

Key issues for health care providers will include whether Kathleen Sebelius remains Secretary of Health and Human Services in a second term, and how the administration will implement key provisions of the Affordable Care Act, including state health care exchanges, which have to be up and running by October 2013. We also expect there to be major entitlement reform changes in the next Congress – including changes to Medicare and Medicaid – as part of a deficit reduction deal.

U.S. Senate: Despite having to defend 23 seats to the Republicans’ 10 seats, Democrats retained control of the Senate after winning several closely contested races. Democrats picked up two Republican seats with Elizabeth Warren defeating incumbent Republican Sen. Scott Brown in Massachusetts and Democratic Rep. Joe Donnelly scoring an upset in Indiana when he won against Tea Party candidate Richard Mourdock. Senate Democrats will control 53 seats (includes 2 Independents that will caucus with Democrats) versus 45 for Republicans.

Senate Leadership

• The Senate Democratic Conference voted to keep its leadership team intact after the party made unexpected gains at the polls and expanded its majority. Sen. Harry Reid (D-NV) will continue as Majority Leader, followed by Sen. Dick Durbin (D-IL) as Majority Whip and Sen. Chuck Schumer (D-NY) as Conference Vice Chairman. Sen. Patty Murray (D-WA), who is leaving her post as the Democratic Senatorial Campaign Committee (DSCC) Chair, will remain as the Caucus Secretary, while Sen. Debbie Stabenow (D-MI) will remain as Vice Chair of the Democratic Policy and
Communications Committee. Sen. Michael Bennet (D-CO) will be the next DSCC Chair.

- Just as the Democrats largely kept its leadership team intact, so did Senate Republicans. Sen. Mitch McConnell (R-KY) will be returning as the Minority Leader and his new No. 2 as Minority Whip will be Sen. John Cornyn (R-TX), who guided the National Republican Senatorial Committee (NRSC) the last two election cycles. Rounding out the leadership will be the same three Republicans who served in those positions last Congress: Sen. John Thune (R-SD) as Conference Chairman; Sen. John Barrasso (R-WY) as Policy Chairman; and Sen. Roy Blunt (R-MO) as Conference Vice Chairman. A new addition to the leadership lineup is Pharmacy Champion Sen. Jerry Moran (R-KS), who will now head the NRSC ahead of a crucial 2014 cycle where the GOP sees a third opportunity to retake the majority in what could be a tough midterm for a president in his second term.

Key Committees
- Senate Finance Committee: Sen. Max Baucus (D-MT) will remain Chairman and Sen. Orrin Hatch (R-UT) will be the Ranking Republican on this key committee. Democrats have announced two new additions to the committee: Sens. Sherrod Brown (D-OH) and Michael Bennet (D-CO). Republicans have announced the addition of Sens. Johnny Isakson (R-GA), Rob Portman (R-OH) and Pat Toomey (R-PA) along with the removal of Sen. Tom Coburn (R-OK).

- Senate Health, Education, Labor and Pensions Committee: Sen. Tom Harkin (D-IA) will remain Chairman and it is expected that Sen. Lamar Alexander (R-TN) will become Ranking Republican of the committee (which has jurisdiction over the FDA, including pharmacy supply chain security and compounding). Democrats have announced three new additions to the committee: Sens. Tammy Baldwin (D-WI), Chris Murphy (D-CT), and Elizabeth Warren (D-MA). Republicans have announced the addition of Sen. Tim Scott (R-SC).

U.S. House of Representatives: Republicans kept a lock on the U.S. House of Representatives, a crucial victory after the party failed to wrestle away the presidency and the Senate from the Democrats. Republicans will control 234 seats versus 201 for Democrats; the Republicans controlled the House by 242-193 going into the election where all 435 seats were up for grabs.

While the GOP retained a strong majority with 234 seats, there has been historic generational turnover. More than 80% of the 87 member GOP freshman class of 2011 won a second term and the next freshman class will include at least 85 members. This means that more than a third of members will have less than three years of House experience when the next Congress is sworn in in January.

We are also headed for the most polarized House in history—Democrats in the Blue Dog Coalition have been cut in half for the second consecutive cycle, while the ranks of Tea Party hardliners in the House GOP have grown modestly. With Democrats gaining seats in California and Illinois but losing more seats across the rural South, this is the first time in history women and minorities will make up a majority of the Democratic caucus.

House Leadership


Key Committees
- House Energy and Commerce Committee: Rep. Fred Upton (R-MI) remains Chairman, while Rep. Henry Waxman (D-CA) will remain as the Ranking Democrat after winning his closest election in decades. This key committee oversees HHS, FDA, and the Federal Trade Commission. Republicans have announced five additions to the committee: Reps. Ralph Hall (R-TX), Gus Bilirakis (R-FL), Renee Ellmers (R-NC), Bill Johnson (R-OH), and Billy Long (R-MO). Democrats have announced three: Reps. Jerry McNerney (D-CA), Bruce Braley (D-IA), and Peter Welch (D-VT).

- House Ways and Means Committee: Rep. Fred Upton (R-MI) remains Chairman, while Rep. Henry Waxman (D-CA) will remain as the Ranking Democrat after winning his closest election in decades. This key committee oversees HHS, FDA, and the Federal Trade Commission. Republicans have announced five additions to the committee: Reps. Ralph Hall (R-TX), Gus Bilirakis (R-FL), Renee Ellmers (R-NC), Bill Johnson (R-OH), and Billy Long (R-MO). Democrats have announced three: Reps. Jerry McNerney (D-CA), Bruce Braley (D-IA), and Peter Welch (D-VT).
In the States

Governors: There were only 11 governor races this cycle, with Democrats defending eight and just three for the Republicans. Republicans were able to pick up one governorship in North Carolina, which has resulted in Republicans holding 30, Democrats 19, and one Independent (Rhode Island) overall.

State Legislatures: In the first state legislative election since decennial redistricting, voters cast ballots in 44 states for men and women running for 6,034 state legislative seats. After getting pummeled by Republicans two years ago, Democrats rebounded in the 2012 election, gaining about 150 seats and taking back eight chambers they lost in 2010. Presidential coattails made a difference, as they often do. Since 1900, the party winning the White House has gained seats in state legislatures in 21 of 29 elections.

Republicans scored a few wins as well, including gaining majorities in both chambers of the Arkansas Legislature for the first time since Reconstruction. With Arkansans in their column, Republicans now control every legislature in the former Democratic “solid South” of a mere 20 years ago.

Pharmacists in the State Legislatures: Before the November 2012 election there were 46 pharmacists serving in state legislatures and 12 pharmacists running for seats in them. After the November election there will still be 46 pharmacists, consisting of new and old legislators, serving in 24 states. Alabama, Indiana, Louisiana, Maryland, Mississippi, Tennessee, and Virginia currently have at least one pharmacist serving; however these states did not hold elections for the legislature.

Arkansas | Pharmacist Fred Harris (D) ran for state representative and lost his race, while Sen. Percy Malone (D) retired.

Georgia | All five pharmacists serving in the Georgia General Assembly won their election or will begin serving their first term in the 2013 session.

Iowa | Former NCPA Past President Robert Greenwood (D), lost his bid to become a state representative, while pharmacist John Forbes (D) won his bid.

Idaho | Rep. Sue Chew (D) won her race.

Indiana | Rep. Steve Davison (R) won his reelection bid.

Kansas | Both Reps. Don Hill (R) and Sen. Vicki Schmidt (R) won their races.

Kentucky | Former Mayor of Earlington and pharmacist Mike Seiber (D) lost his bid for state representative as well as pharmacist Kelly Whitaker (D).
Maine | Pharmacist and Speaker of the House Robert Nutting (R) won his bid for reelection. However, Republicans lost control of the House so it is unlikely that Nutting will remain Speaker.

Missouri | Rep. Keith Frederick (R) and Lynn Morris (R) were reelected as was Sen. David Sater (R).

New Hampshire | Rep. Frank Case (R) retired and Rep. Ross Terrio (R) was defeated.

New York | Pharmacist John McDonald (D) won his race, while Assemblyman and Vice Chair of the Minority Caucus Daniel Burling (R) retired.

North Carolina | Rep. Tom Murry (R) won his election.

North Dakota | Pharmacist Howard Anderson (R) won his race for State Senator.

Ohio | Sen. Dave Burke (R) won his race.

Oregon | Rep. Mitch Greenlick (D), who also chairs the Health Care Committee, won his race, while pharmacist Tim McMenamin (R) loss his.

Oklahoma | Both Reps. David Derby (R) and pharmacist Rob Standridge (R), who was running for the state Senate, won their races.

South Carolina | Sens. Ronnie Cromer (R) and Kevin Bryant (R) won their races and so did Rep. L. Kit Spires (R).

South Dakota | Pharmacist Brian Kaatz (D) lost his bid for state senator.

Tennessee | Pharmacist Ferrelle Haile (R) won his reelection bid for state senator. Also, Rep. David Shepard (D) won his reelection bid. Sen. Randy McNally’s (R) seat was not up in November.

Texas | There will be only one pharmacist serving in the 2013 legislative session, Sen. Leticia Van de Putte (D). Rep. Charles Hopson (D) has retired and Rep. Charles J. Schwertner (R) loss his race for state senator.

Washington | Sen. Linda Evans Parlette (R) won her race.

West Virginia | Delegate Don Perdue (D) won his race.

NCPA Political Action Committee (NCPA PAC)—Your Voice on Capitol Hill
The NCPA PAC is a way to ensure that our industry speaks with one voice in Washington, D.C., and has a powerful political presence in the nation’s capital. In the 2012 election cycle (January 1, 2011 – November 6, 2012) the NCPA PAC contributed $825,000 to candidates and party committees at the federal level. The NCPA PAC had a high success rate with 91% of the pro-pharmacy candidates the PAC supported won in 2012; 163 NCPA PAC-supported candidates were elected:
• 19 U.S. Senate candidates
• 144 U.S. House of Representatives candidates

Thank you to all of you who generously contributed with personal funds to the NCPA PAC. Without your support we would not have been able to support so many successful candidates this election cycle!
Pharmacy Fundraisers for Key Members of Congress
Successful in 2012
In 2012, NCPA organized several highly successful fundraisers with the help of the many NCPA members who participated by contributing personally to the campaigns of the following pharmacy champions:

- Rep. Cathy McMorris Rodgers (R-WA)
- Rep. Tom Marino (R-PA)
- Rep. Austin Scott (R-GA)
- Sen. Jon Tester (D-MT)

2012 NCPA Member PAC MVPs
($5,000 maximum personal contribution allowed by law)
Shelley Bailey, Portland, OR
James Coast, Cimarron, KS
Danny Cottrell, Brewton, AL
Glenn Eldridge, Brownsburg, IN
Stephen Giroux, Middleport, NY
H. Edward Heckman, Stoughton, WI
B. Douglas Hoe, Alexandria, VA
Edmund Horton, Stephenville, TX
Tony Ogden, Pasadena, TX

2012 NCPA Member PAC Champions
($2,500 or more personal contribution)
Ralph Bouvette, Frankfort, KY
George Brookins, Lincoln, NC
John Carson, San Antonio, TX
Eddie Glover, Conway, AR
Robert Greenwood, Waterloo, IA
Sherwood Klein, Ellicottville, NY
John Lassiter, Del City, OK
Joseph Lech, Tunkhannock, PA
Doug Moore, Sulphur Springs, TX
William Moore, Sinton, TX
Thomas Quinlan, Wayland, NY
Darrin Silbaugh, Carlisle, PA
Mathew Slakoper, Croydon, PA
David Smith, Brookville, PA
Tammy Stutes, Abbeville, LA
Michael Vinson, Montgomery, AL
Lonny Wilson, Oklahoma City, OK

Help Us Help You; Support NCPA’s Legislative/Legal Defense Fund (LDF)
The Legislative/Legal Defense Fund (LDF) supports NCPA’s ongoing political advocacy initiatives including lobbying activities, research, coalition building, grassroots mobilizations, targeted advertisement, and lawsuits in the states. Government controls more and more of our business and NCPA battles to ensure your ability to grow your business and serve your patients. The LDF is our war chest in the fight. All of our success—this year and into the future—depends on your support.

2012 LDF Platinum Donors ($200,000 or more annually)
AmerisourceBergen, Chesterbrook, PA
Cardinal Health, Dublin, OH
Compliant Pharmacy Alliance Cooperative, Stoughton, WI
Independent Pharmacy Cooperative, Sun Prairie, WI

2012 LDF Gold Donors ($25,000 or more annually)
EPIC Pharmacies, Cockeysville, MD
Quality Care Pharmacies, Springville, NY
Rochester Drug Cooperative, Inc., Rochester, NY
Texas Academy of Independent Pharmacists, Austin, TX

2012 LDF Silver Donors ($5,000 or more annually)
American Associated Pharmacies, Scottsboro, AL
American Pharmacy Cooperative, Inc., Bessemer, AL
American Pharmacy Services Corporation, Frankfort, KY
Ashville Apothecary, Ashville, OH
Buy Rite Drugs, Albany, GA
Georgia Academy of Independent Pharmacy, Atlanta, GA
Greenwood Drug (Waterloo, IA)/ Denver Drug, Inc. (Denver, IA)
Mast’s Pharmacy, Inc., Brookfield, OH
Richlands Pharmacy Assc./Raven Drug, Raven, VA
Rx Plus Pharmacies, Inc., Wheat Ridge, CO

Georgia pharmacists attending NCPA sponsored fundraiser for Rep. Austin Scott (R-GA).
Looking Forward

As we begin to work with many newly elected officials, we will continue in our efforts to address a number of challenging issues for independent community pharmacy. Our focus, and our efforts, has not changed with the election. The exact composition of the specific issues NCPA will press with lawmakers and regulators at the federal and state level is still being determined as we consult with other pharmacy groups and our congressional allies. However, while their ranking on our list of priorities could shift, it is safe to assume NCPA will focus on:

- Working to ensure any legislative or regulatory changes to compounding in the wake of the New England Compounding Center tragedy differentiate between traditional localized compounding and mass manufacturing;
- Helping to craft track and trace legislation that meets the needs for an even safer and more secure drug supply chain without creating unnecessarily onerous regulations that independent community pharmacies will have a hard time complying with;
- Monitoring and possibly pushing back on any entitlement reform (Medicare and Medicaid) that undercuts the ability of independent community pharmacies to provide prescription drug services to those beneficiaries;
- Creating PBM reform legislation for specific issues such as abusive pharmacy audits or maximum allowable costs transparency;
- Stopping the implementation of harmful policies with regards to Medicare Part B durable medical equipment that classify home delivery as mail order, the possible implementation of a problematic inherent reasonableness pricing scheme, and the exemption from the competitive bidding standard requirement in 2013;
- Pushing to increase the pharmacist’s role in the health care delivery system; and
- Stopping or mitigating the push in TRICARE for more mail order pharmacy usage.

Regardless of what 2013 brings us, our job going forward is to ensure that NCPA is well positioned to advocate on behalf of our membership and we hope you that will help amplify the voice of independent community pharmacies. Grassroots support in the form of calls and emails to Congress, letter-to-the-editor submissions, attending our Legislative Conference in May, and setting up pharmacy visits with members of Congress will certainly help. Having the resources for our lobbying activities is a must, so please donate to NCPA Political Action Committee and Legislative/Legal Defense Fund.