



2025 Law and Advocacy Update

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Disclosure Statement

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Pharmacist and Technician Learning Objectives

1. List major pharmacy benefit manager (PBM) legislative priorities that affect the profession.
2. Recall state laws enacted in 2024 and 2025 that have benefited the profession.
3. Recognize regulatory and legal developments that affect the profession.
4. Identify opportunities to become personally involved in advocacy.

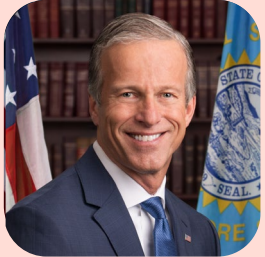
NCPA Federal Legislative Advocacy



NCPA member Kevin Duane (far left) testifies before the House Oversight and Government Reform Committee

119th Congress **Senate** leadership and PBM-related bills

SENATE MAJORITY LEADER



John Thune
R-SD

Elected as the Senate Majority Leader in 2024

S. 2493: *PBM Reporting Transparency Act* (Cosponsored)

S. 2405: *Strengthening Pharmacy Access for Seniors Act* (Sponsored)

SENATE MAJORITY LEADER



John Barasso
R-WY

Previously served as the Republican Conference Chair

S. 2405: *Strengthening Pharmacy Access for Seniors Act* (Cosponsored)

SENATE MINORITY LEADER



Chuck Schumer
D-NY

Reelected as Democratic leader in the 119th Congress

No bills related to PBMs found in the 118th Congress

SENATE MINORITY WHIP



Dick Durbin
D-IL

Reelected as Senate minority whip in 2024

No bills related to PBMs found in the 118th Congress

119th Congress **House** leadership and PBM-related bills

SPEAKER OF THE HOUSE



Mike Johnson
R-LA-4

Represents the Republican Party on the House floor

No bills related to PBMs found in the 118th Congress

HOUSE MAJORITY LEADER



Steve Scalise
R-LA-1

Assists Republican leadership in managing the party's legislative program

No bills related to PBMs found in the 118th Congress

HOUSE MINORITY LEADER



Hakeem Jeffries
D-NY-8

Maintains seat as the House's top Democrat

No bills related to PBMs found in the 118th Congress

HOUSE MINORITY WHIP



Katherine Clark
D-MA-5

Reelected as House minority whip in 2024

No bills related to PBMs found in the 118th Congress

Never Ceasing Advocacy



Senate Majority Leader John Thune



Speaker of the House, Mike Johnson

Never Ceasing Advocacy



Federal Trade Commission Chairman, Andrew Ferguson

NCPA member, Remington Drug (Al Roberts [pictured] and Travis Hale)



NCPA Roadmap to PBM Reform

Pathways to Success

Congress may consider a standalone healthcare package after reconciliation

- Healthcare package language has bipartisan, bicameral approval – especially pro-pharmacy measures including PBM reform
- Senate Majority leadership looking for wins to build consensus among Republicans and the Senate as a whole
- Support for a healthcare package

Budget Reconciliation: What Happened?

- Initially included Medicaid Managed Care spread pricing agreement
- Parliamentarian pulled provision because it did not meet reconciliation rules
- Pharmacy pulled together to get mandatory NADAC reporting pulled
 - Must have fair reimbursement coupled with NADAC reporting

The budget reconciliation roller coaster is over.





Roadmap to PBM Reform

Pharmacy benefit manager reform provisions that were agreed to in bipartisan, bicameral negotiations but ultimately removed from the slimmed down CR passed on Dec. 20, 2024 **would have produced \$5 billion in taxpayer savings**—see the chart on next slide for details.

Roadmap to PBM Reform

Congress must act swiftly and pass these provisions as part of a standalone health care package, or a larger legislative package—any way to get it across the finish line as soon as possible in 2025!

PROVISION	LATEST PUBLIC CBO SCORE
NADAC	\$2.046B in savings (CBO)
Medicaid spread	\$306M in savings (CBO)
Commercial PBM transparency	\$1.872B in savings (CBO)
Part D delinking/transparency	\$719M in savings (CBO)
TOTAL	\$4.943B in savings

NCPA's Congressional PBM Reform Priorities

Pass Medicaid managed care reform by (1) requiring spread pricing with a fair dispensing fee **AND (2) mandated NADAC reporting which saves over \$1 billion**

S. 927, Protecting Pharmacies in Medicaid Act

Pass legislation requiring reasonable and relevant contract terms in Medicare Part D

S. 882, PBM Act

Additional NCPA Policy Priorities for the 119th Congress

H.R. Equitable Community Access to Pharmacy Services Act **a.k.a “ECAPS”**

Ensures patients can continue to access COVID-19 pandemic and pandemic-related health services from pharmacists and provide payments for these services

S. 527 Prescription Pricing for the People Act

Requires FTC to complete 6(b) study on PBMs, and to provide policy recommendations

S. 526 PBM Transparency

PBM payment and reporting requirements



**NOW
WHAT?**

Medicare Part D 2026...

BIGGER changes coming

Inflation Reduction Act



Inflation Reduction Act: The Alphabet Soup

IRA: Inflation Reduction Act

MTF: Medicare Transaction Facilitator

MDPN: Medicare Drug Price Negotiation

MFP: Maximum Fair Price



After years of increases, a cascade of cuts to prescription drug prices is becoming the **NEW NORMAL**



Starting in 2026: Medicare Drug Price Negotiation

Secretary of HHS will negotiate pricing for:

- 2026: 10 drugs based on Part D spending
- 2027: 15 more drugs based on Part D spending
- 2028: 15 drugs more based on combined Part D and Part B spending
- 2029 and beyond: 20 more drugs based on combined Part D and Part B spending



Maximum fair prices (MFPs) were publicly released in August 2024

Negotiated Prices for IPAY 2026

Drug Name	Participating Drug Company	Commonly Treated Conditions	Agreed to Negotiated Price for 30-day Supply for CY 2026	List Price for 30-day Supply, CY 2023	Discount of Negotiated Price from 2023 List Price	Total Part D Gross Covered Prescription Drug Costs, CY 2023	Number of Medicare Part D Enrollees Who Used the Drug, CY 2023
Januvia	Merck Sharp Dohme	Diabetes	\$113.00	\$527.00	79%	\$4,091,399,000	843,000
Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill	Novo Nordisk Inc	Diabetes	\$119.00	\$495.00	76%	\$2,612,719,000	785,000
Farxiga	AstraZeneca AB	Diabetes; Heart failure; Chronic kidney disease	\$178.50	\$556.00	68%	\$4,342,594,000	994,000
Enbrel	Immunex Corporation	Rheumatoid arthritis; Psoriasis; Psoriatic arthritis	\$2,355.00	\$7,106.00	67%	\$2,951,778,000	48,000
Jardiance	Boehringer Ingelheim	Diabetes; Heart failure; Chronic kidney disease	\$197.00	\$573.00	66%	\$8,840,947,000	1,883,000
Stelara	Janssen Biotech, Inc.	Psoriasis; Psoriatic arthritis; Crohn's disease; Ulcerative colitis	\$4,695.00	\$13,836.00	66%	\$2,988,560,000	23,000
Xarelto	Janssen Pharms	Prevention and treatment of blood clots; Reduction of risk for patients with coronary or peripheral artery disease	\$197.00	\$517.00	62%	\$6,309,766,000	1,324,000
Eliquis	Bristol Myers Squibb	Prevention and treatment of blood clots	\$231.00	\$521.00	56%	\$18,275,108,000	3,928,000
Entresto	Novartis Pharms Corp	Heart failure	\$295.00	\$628.00	53%	\$3,430,753,000	664,000
Imbruvica	Pharmacyclics LLC	Blood cancers	\$9,319.00	\$14,934.00	38%	\$2,371,858,000	17,000

Note: Numbers other than prices are rounded to the nearest thousands. List prices are rounded to the nearest dollar and represent the Wholesale Acquisition Costs (WACs) for the selected drugs based on 30-day supply using CY 2022 prescription fills. Drug companies' participation in the Negotiation Program is voluntary; the figures above represent estimates based on continued drug company participation in the Medicare program.

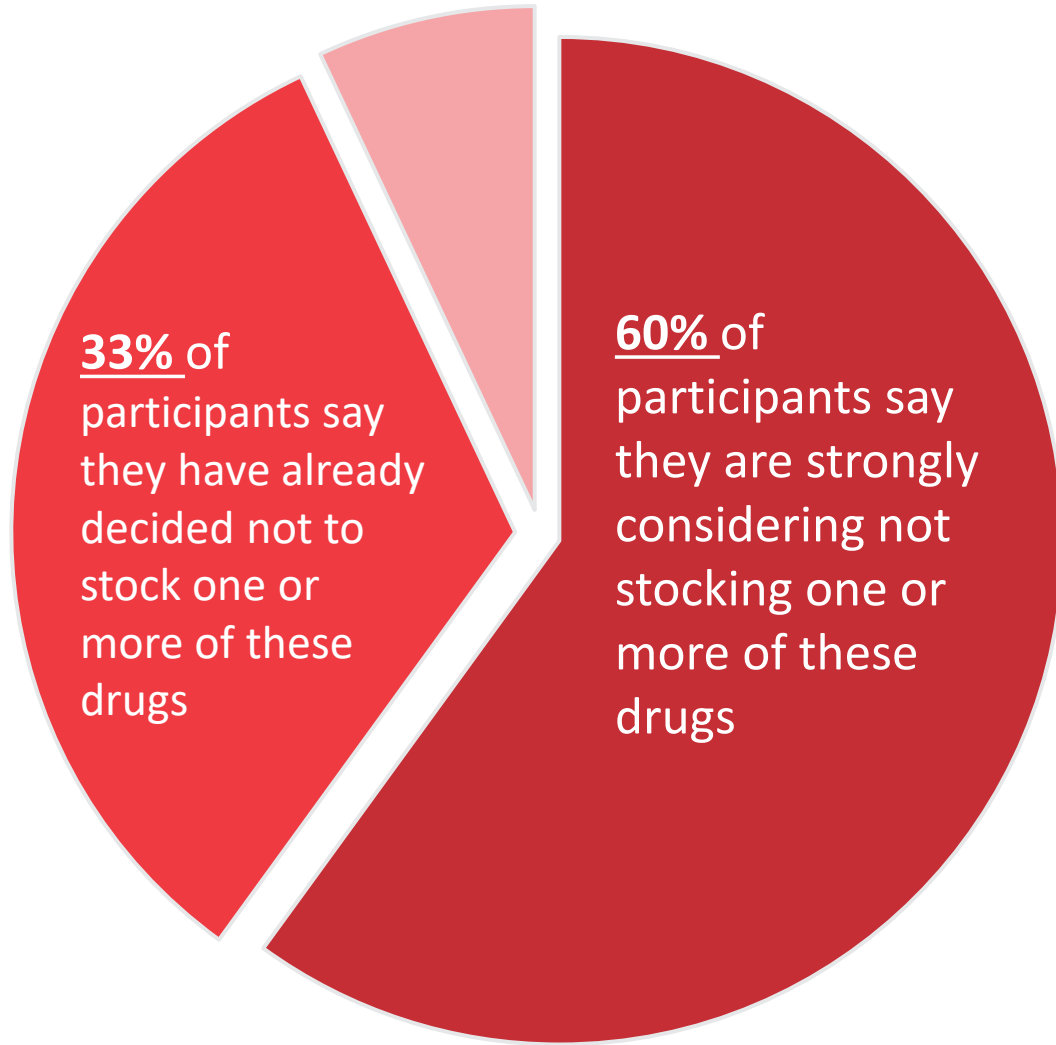
Selected Drugs for IPAY 2027

Drug Name	Commonly Treated Conditions*	Total Part D Gross Covered Prescription Drug Costs from November 2023-October 2024	Number of Medicare Part D Enrollees Who Used the Drug from November
Ozempic; Rybelsus; Wegovy	Type 2 diabetes; Type 2 diabetes and cardiovascular disease; Obesity/overweight and cardiovascular disease	\$14,426,566,000	2,287,000
Trelegy Ellipta	Asthma; Chronic obstructive pulmonary disease	\$5,138,107,000	1,252,000
Xtandi	Prostate cancer	\$3,159,055,000	35,000
Pomalyst	Kaposi sarcoma; Multiple myeloma	\$2,069,147,000	14,000
Ibrance	Breast cancer	\$1,984,624,000	16,000
Ofev	Idiopathic pulmonary fibrosis	\$1,961,060,000	24,000
Linzess	Chronic idiopathic constipation; Irritable bowel syndrome with constipation	\$1,937,912,000	627,000
Calquence	Calquence Chronic lymphocytic leukemia/small lymphocytic lymphoma; Mantle cell lymphoma	\$1,614,250,000	15,000
Austedo; Austedo XR	Chorea in Huntington's disease; Tardive dyskinesia	\$1,531,855,000	26,000
Breo Ellipta	Asthma; Chronic obstructive pulmonary disease	\$1,420,971,000	634,000
Tradjenta	Type 2 diabetes	\$1,148,977,000	278,000
Xifaxan	Hepatic encephalopathy; Irritable bowel syndrome with diarrhea	\$1,128,314,000	104,000
Vraylar	Bipolar I disorder; Major depressive disorder; Schizophrenia	\$1,085,788,000	116,000
Janumet; Janumet XR	Type 2 diabetes	\$1,082,464,000	243,000
Otezla	Oral ulcers in Behçet's Disease; Plaque psoriasis; Psoriatic arthritis	\$994,001,000	31,000

Note: Numbers are rounded to the nearest thousands. * The commonly treated conditions are limited to conditions for which prescription drug coverage is currently available under the Medicare Part D program.

For the time period between November 1, 2023 and October 31, 2024, which is the time period used to determine which drugs were eligible for negotiation for this second cycle, about 5,258,000 people with Medicare Part D coverage used these drugs to treat a variety of conditions, such as type 2 diabetes, prostate cancer, and chronic obstructive pulmonary disease. These selected drugs accounted for \$40.7 billion in total gross covered prescription drug costs under Medicare Part D, or about 14% of total gross covered prescription drug costs under Medicare Part D during that time period. When combined with the total gross covered prescription drug costs under Medicare Part D of the 10 drugs selected for the first cycle of negotiations (which were about \$60 billion during the same time period of November 1, 2023 through October 31, 2024), this represents 36% of total gross covered prescription drug costs under Medicare Part D during that time period.

NCPA Found that
**93.2% of
pharmacies** have
either decided not to
stock drugs covered by
the MDPN program or
are considering not
stocking them.



MDPN: Key Points for Independent Pharmacies

You'll see new 2026 Part D network contracts referencing "MFP drugs"

You may be **required** to participate in the MDPN to be in-network

These are the first 10 drugs CMS negotiated lower prices for

Independent pharmacies play a big role

34% of scripts and 30% of beneficiaries for these MFP drugs rely on independent/franchise pharmacies.

MDPN: Payment & Refund Structure

- PBMs can reimburse at no more than MFP + any dispensing fee.
- **Manufacturers must refund pharmacies** the difference between MFP and the actual acquisition cost.
- CMS suggests a standard refund of WAC – MFP, but manufacturers can choose a different method.
- **Refunds are due within 14 days**—but only after manufacturers receive data from plans. Delays may cause pharmacies to wait 21+ days for reimbursement, creating cash flow risks.

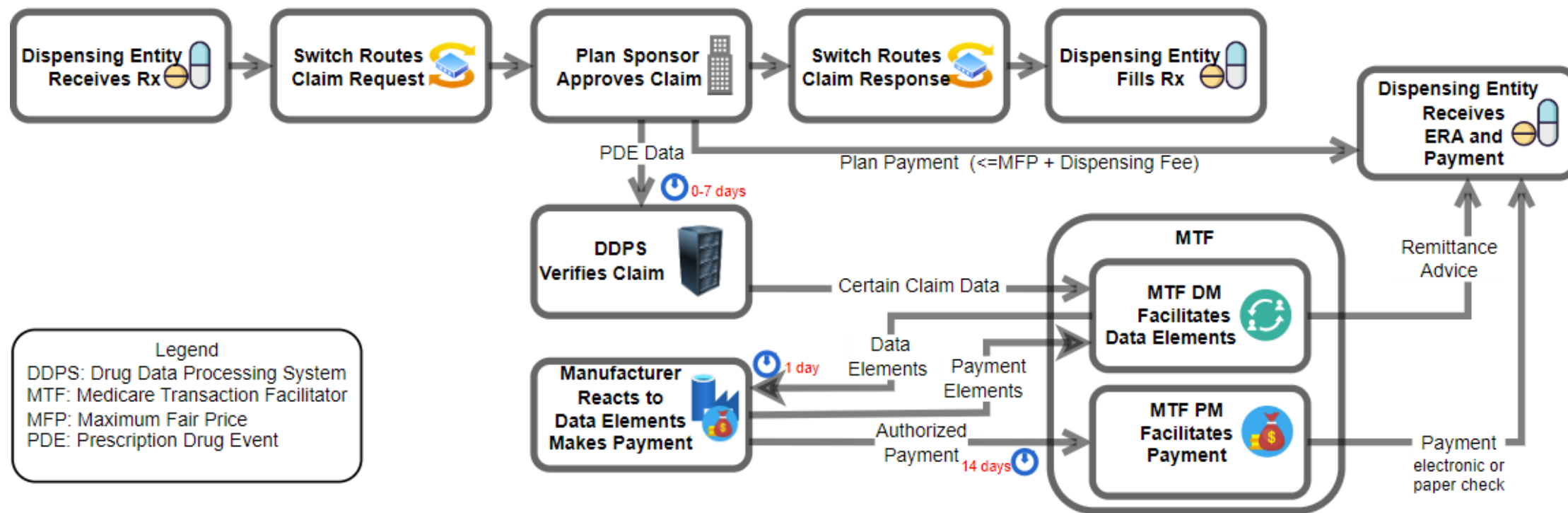


What is the Medicare Transaction Facilitator (MTF)?

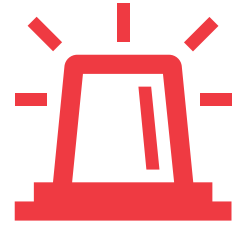
- The MTF is a secure system created to help Part D plans, pharmacies, and other stakeholders share information about Medicare Part D drug coverage.
- It acts like a **messenger between payers and plans to coordinate benefits and prevent duplicate payments.**
- Think of it as the **traffic controller for Medicare Part D drug claims.**



MTF Data Exchange and Payment Facilitation



What you need to do before enrollment

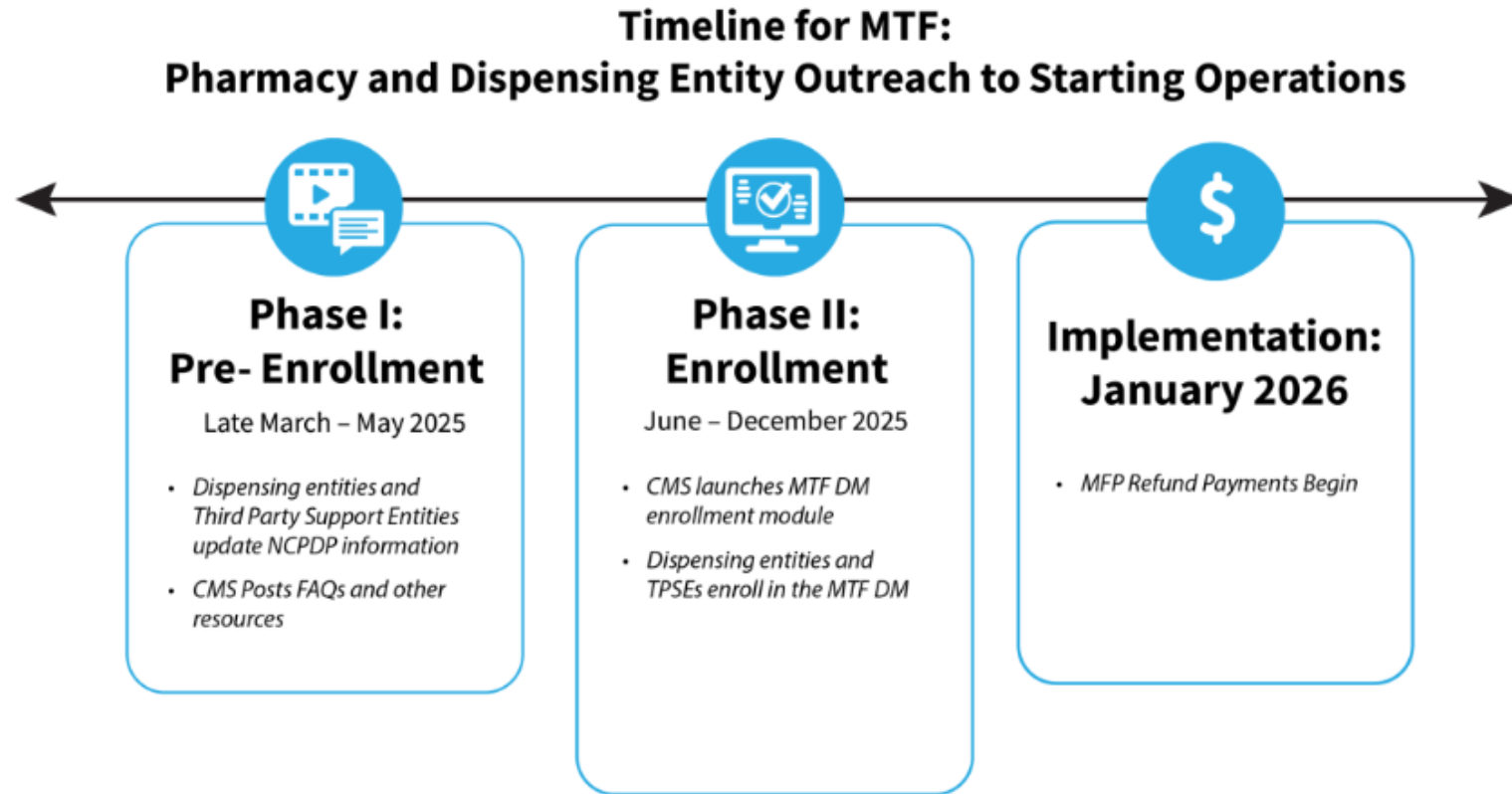


- Make sure your **NCPDP Profile** is accurate and updated
- Before enrollment, pharmacies need to know which functions, such as central pay or reconciliation services, they want to **assign to any third-party support entities such as PSAOs or reconciliation vendors.**
- During enrollment, pharmacies will need to sign a [legal agreement](#) so **proceed with caution** and be sure to carefully review and have your legal counsel review.
- During enrollment, **identify as having "material cashflow concerns,"** as manufacturers can provide pharmacies with a plan for mitigating their cashflow concerns.

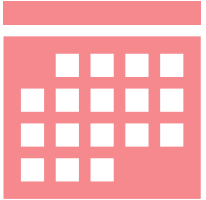
MDPN: Enrollment & Logistics



Pharmacy enrollment began June 9, 2025 via the MTF



How to enroll in this...beast



Pharmacy enrollment began June 9, 2025 via the MTF



****Pharmacies can indicate if they have cash flow concerns,** which may qualify them for financial relief from manufacturers.

****Manufacturers aren't required to use the MTF's payment system,** so you may have to deal with multiple refund sources.

NCPA's Position

*NCPA is pushing CMS, **PBMs**, and **manufacturers** to:*

- 1. Pay MFP + fair dispensing fee (no DIR fees).**
- 2. Refund at WAC – MFP.**
- 3. Refund within 14 days of fill date.**



Other Advocacy Activity



What is President Trump doing with drug pricing?

Tariffs

IRA
Maximum
Fair Price

**Most-
Favored
Nation**

Most-favored Nation Policy

Aims to link U.S. drug prices to the lowest prices in developed contracting

Trump executive order

- Drug importation
- 'Most-favored nation' linking Medicare prices to those paid in other countries



State Advocacy





States Building on Previous Wins

Kentucky SB 188

West Virginia SB 453

Louisiana SB 444

Arkansas Rule 128

State Priorities Overview



Medicaid Managed Care Reform

PBM Reform

Enforcement of existing state PBM regulations

Scope of practice, compensation for services



HOT TOPIC

Reimbursement floors: protecting and sustaining independent pharmacies

Commercial market reimbursement floors

- West Virginia
- Tennessee
- Kentucky**
- Alabama (effective Oct 1, 2025)
- Indiana* (effective Jan 1, 2026)
- Montana* (effective Oct 1, 2025)
- Colorado* (effective Jan 1, 2026)
- Iowa (effective Jan 1, 2026)

State employee health plan floors

- West Virginia
- Kentucky
- New Mexico* (effective Jan 1, 2026)
- Georgia (effective Jan 1, 2026)

Medicaid Managed Care reimbursement floors

- Arkansas
- Georgia
- Iowa
- Kansas
- Kentucky
- Louisiana
- Michigan
- Minnesota (effective Jan 1, 2027)
- Mississippi
- Nebraska*
- New Mexico*
- North Carolina
- Ohio

Medicaid Managed Care Reform

Reforms/Solutions:

- Reimbursement floors/fee for service rate
- Carve-out (back into Medicaid fee for service)
- Single PBM and/or single PDL (helpful to have accompanying protections)



2025 PBM Reform – NCPA has reach

NCPA is
tracking
300+
bills

Submitted
testimony in
13 states

Supported
stakeholders in
40+
states

ncpa.org/pbm-reform

PBM Reform – Key Issues



**Key issues
include:**

NADAC + and NADAC ++

Vertical Integration

Patient steering

Spread pricing

Appeals processes

Effective rates

ERISA



Creating New Precedent for PBM Reform

Louisiana

- Passed extremely strong PBM legislation
- State AG Liz Murrill filed 3 lawsuits against CVS Health, Caremark and affiliate entities
- Governor Landry has taken aim at PBM behavior.
 - Supports decoupling
 - Looking to address issues through executive authority



Creating New Precedent for PBM Reform

Arkansas HB 1150

- Prohibits state permits to pharmacies owned by PBMs
- Reform aimed at vertical integration
- Effective Jan. 1, 2026
- Significant support from both chambers of state legislature
- Significant support from state attorney general and governor



Common Pitfalls

Dispensing fee as a tax

Opponents defeated bills by scaring legislators and patients that a dispensing fee is a pharmacy tax and/or will raise premiums. Employers scared Chambers of Commerce and unions that member benefits would be reduced.

Contractual Responsibility

Network and Legal Considerations

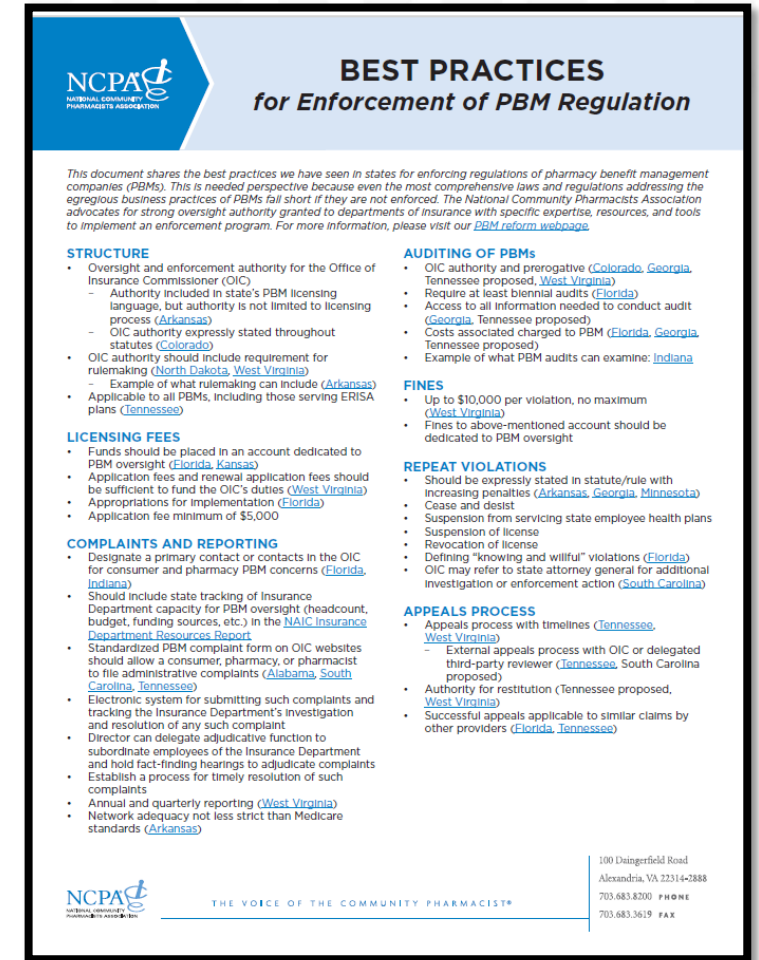
- Unsettled case law
- Applicability to ERISA-governed plans



PBM Enforcement

NAIC collaboration

- NCPA develops issue brief with best practices for PBM enforcement
- Meetings with state insurance departments with NAIC committee positions
- Urge making PBM enforcement a top priority in 2025
- Align with departments on tools and resources needed for enforcement
- [ncpa-best-practices-pbm-enforcement.pdf](https://www.ncpa-advocacy.org/wp-content/uploads/2024/07/ncpa-best-practices-pbm-enforcement.pdf)



PBM Enforcement: In the States

- Some state PBM regulators are taking active steps to preemptively enforce regulations



- Arkansas, West Virginia, and Tennessee now have **laws tying reimbursement rates to acquisition costs** (e.g., NADAC).
- Ongoing campaign to urge **pharmacies to contact state regulators to inform them of violations and other anticompetitive PBM practices.**



PBM Enforcement: Advocacy

DOI Complaint resource: NCPA resource to help members file complaints with their state insurance regulators

Advocating to NAIC for uniform state-level and PBM-specific complaint form

NCPA to develop similar tool to facilitate patient complaints in the pharmacy



State- Scope of Practice Updates



Scope of Practice/Compensation

Adopting HHS authorizations post PHE

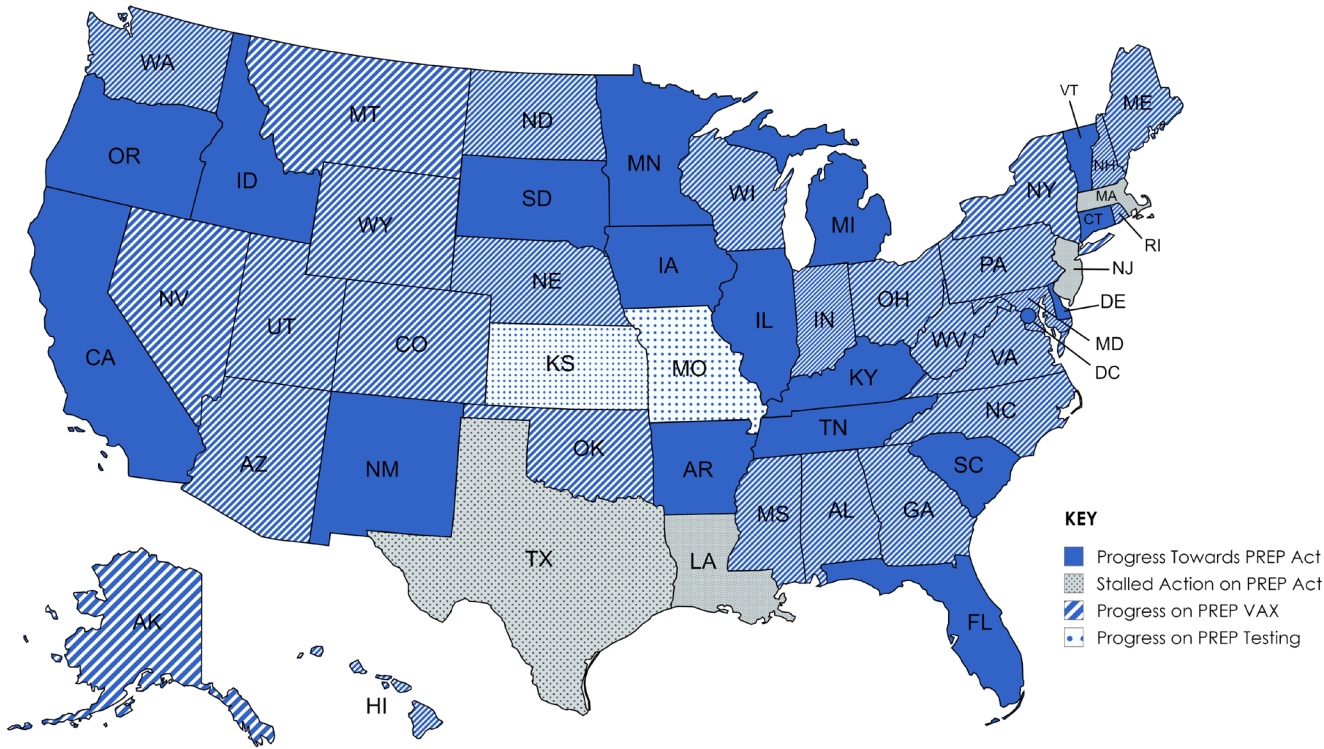
CLIA-waived tests and expansion of vaccine authority

Payment parity bills (via Medicaid and/or commercial plans)

Provider Status (i.e. PrEP/PEP, hormonal contraceptives, tobacco cessation etc.)



the States- currently 18



Recent State Actions

Maryland – permits pharmacists to order and administer flu and COVID-19 to patients three (3) years old and up, and all other ACIP-recommended vaccines to patients six (6) years old and up.

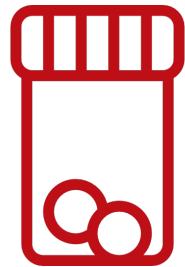
Hawaii - allows licensed pharmacists to order and administer all FDA-approved and ACIP recommended vaccines to patients three (3) years and older without a prescription.

Kentucky – allows pharmacists to administer vaccines to individuals over 3 years of age

Expanding Scope of Practice

NCPA continues to advocate for pharmacists to practice at the top of their license including

- Administering hormonal contraception
- HIV PEP/PrEP medications
- Tobacco cessation
- Long acting injectables, et al.



Expanding Scope of Practice, 2025

New Law

Florida: HB 159 (HIV)

Nevada: AB 156 (MAT of OUD)

Tennessee: SB 869/HB 282 (multiple authorities)

New Hampshire: SB 250 (Long-acting injectables)

Rhode Island: S 166 (vaccine authority)

Bills in Play

Wisconsin: AB 43 (hormonal contraceptives)



Provider Status and Payment for Services, 2025

Minnesota

HF 2503 requires health plans within the state to cover services within pharmacy scope of practice if the plan covers those same services if provided by a physician

Kansas

Recognized as providers under Medicaid and coverage for vaccines, & testing, 75% reimbursement rate of other practitioners

Delaware

SB 272 requires insurance providers within the state to reimburse pharmacists at a rate no less than nonphysician practitioners

Kansas & Pennsylvania became the 15th and 16th states to recognize pharmacists within Medicaid and to allow reimbursement for services within their scope of practice. Delaware becomes the 9th state to allow reimbursements for pharmacists under both commercial and Medicaid plans

State Government Affairs Resources

State-specific community pharmacy fact sheets

Recent state legislative wins

State legislative tracking

State Priorities

Resources and Information

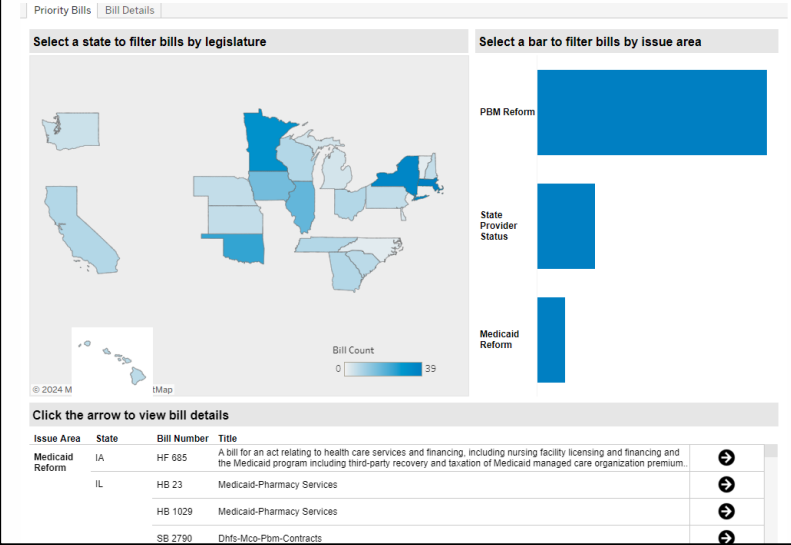
Central location of documents, including 1-pagers, model legislative language, recent state legislative wins, and other information to further advance pro-patient and pro-pharmacy advocacy efforts in the states.

Is Your State Enforcing PBM Regulations?

Virtually every single state has passed some form of PBM regulations over the last several years. Although there have been great strides forward with comprehensive state PBM regulations and court victories, this is all irrelevant if the state departments of insurance are not enforcing these laws.

State-Specific Community Pharmacy Impact Fact Sheets

State Legislative Tracking



ncpa.org/state-resources-and-information

NCPA Legal Updates



Looking Ahead- Legal

Reclaim stolen pharmacy DIR fees

- Osterhaus class action lawsuits against CVS, Optum
- NCPA TRUST—arbitration for thousands of pharmacies

Osterhaus vs ESI—
allegation of price conspiracy with Prime, Benecard, and Magellan

Class Action lawsuit
against GoodRx, CVS, ESI, MedImpact, Navitus

Class Action lawsuit
against United Health for cyberattack damages

Support for FTC and state
(Mulready, state AGs, etc)

DIR Fees

TRUST LLC

- Investigate, litigate, arbitrate DIR fees
- Federal antitrust, state contract laws
- <https://www.fightpbms.com/>

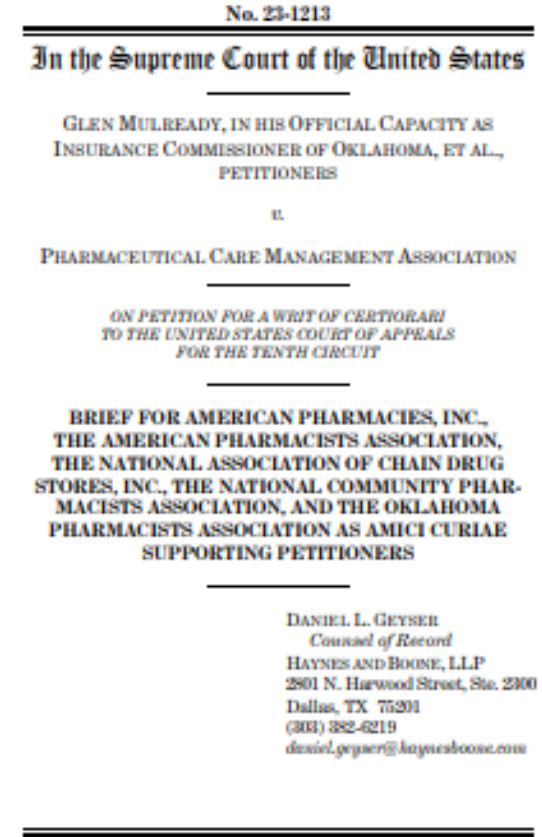
Osterhaus Pharmacy v. CVS Health, Caremark, and Aetna

- Class action
- To recoup DIR fees



States' Rights to Regulate PBMs

- *Mulready v. PCMA*
- NCPA, OPhA, APhA, NACDS
- Amicus brief filed June 2024
- 5 pharmacy groups, 32 State AGs urging SCOTUS to take case
- USSC asks Solicitor General for opinion
- Link to case: https://www.supremecourt.gov/DocketPDF/23/23-1213/322443/20240814132405443_2024-8-14%20Final%20OKAG%20PCMA%20cert%20reply.pdf



Price Fixing Lawsuit

- *Community Care Pharmacy v. GoodRx*
- Lawsuit against GoodRx, CVS, ESI, MedImpact, Navitus
- NCPA joined Jan 2025
- Link to case:

[pm-55697791_complaint.pdf](#)

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18 Additional counsel listed on signature page

19 UNITED STATES DISTRICT COURT
20 CENTRAL DISTRICT OF CALIFORNIA
21 WESTERN DIVISION

22 COMMUNITY CARE PHARMACY,
23 LLC, on behalf of itself and all others
24 similarly situated,

25 Plaintiff,

26 v.

27 GOODRX, INC.; GOODRX HOLDINGS,
28 INC.,

Defendants.

Case No. 2:24-cv-9490

CLASS ACTION COMPLAINT
JURY TRIAL DEMANDED

FTC

FTC announced it will issue a statement on the 6(b) study in the coming months

Stood up a separate team that is investigating PBMs

NCPA has responded to a civil investigative demand sent to NCPA by the FTC

NCPA hosted a roundtable with FTC Chair Lina Khan earlier this year where CBS Sunday Morning captured some of the meeting in its story about the Chair



Grassroots



How can YOU engage and advocate?

1) Grassroots engagement

- Email, phone calls, letters, social media interaction
- NCPA can help

2) Recruit patients to be advocates

- Make it easy with QR codes at the counter
- NCPA can help

3) Host a legislative/policymaker pharmacy visit

- Invite your federal and/or state policymakers
- NCPA can help



Grassroots Engagement: Help Push Federal PBM Reform over the Finish Line

Since January, **community pharmacists have sent over 10,000 messages to Congressional offices** in support of robust PBM reform. This support has pushed our priorities to the goal line.



Use this QR code to visit NCPA's Legislative Action Center and sign up for our grassroots Call to Action

Engage your Patients

Patient voices are **CRITICAL** to pushing PBM reform across the finish line

Since January 1st, more than 4,000 messages have been sent from patients to Congressional offices in support of PBM reform



Use this QR code for a flyer you can use in your pharmacy to engage your patients

NCPA Month(s) of Action

To build on the momentum from the Congressional Pharmacy Fly-in and to keep the pressure on legislators to act, NCPA is again pushing Month(s) of Action and **urging community and LTC pharmacies to host pharmacy visits with Members of Congress while they are away from Washington later this year.**

For more information, or to express interest in hosting a a pharmacy visit please reach out to Michael Rule; mrule@ncpa.org or (703) 838-2671 or use the QR code.



**Sen. Fischer (R-NE)
visits Dave's Pharmacy**



Questions?

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