



ThoughtSpot

Pharmacy and Policy: 2025 Legislative Recap and Advocacy Essentials

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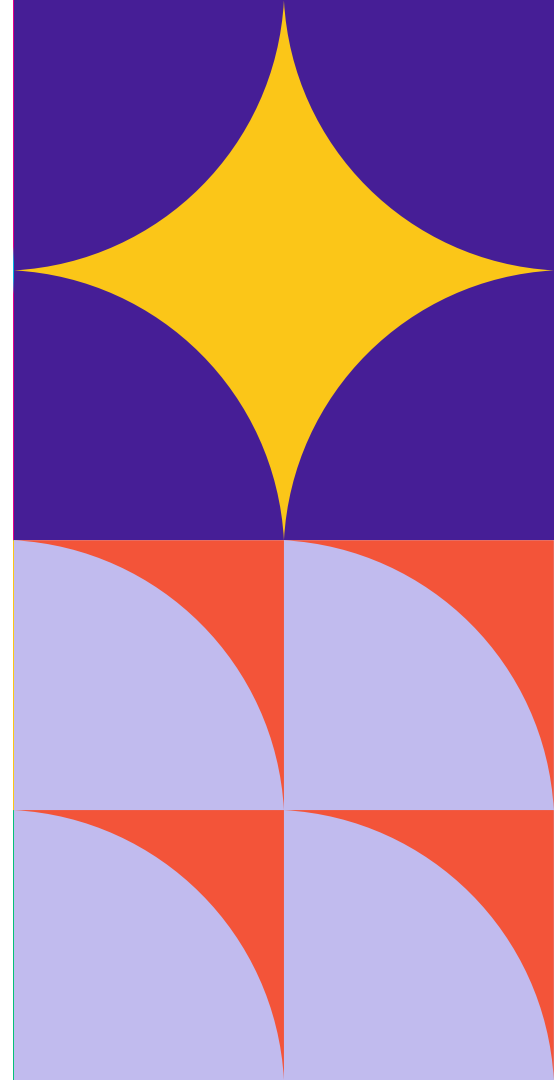
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Disclosure Statement

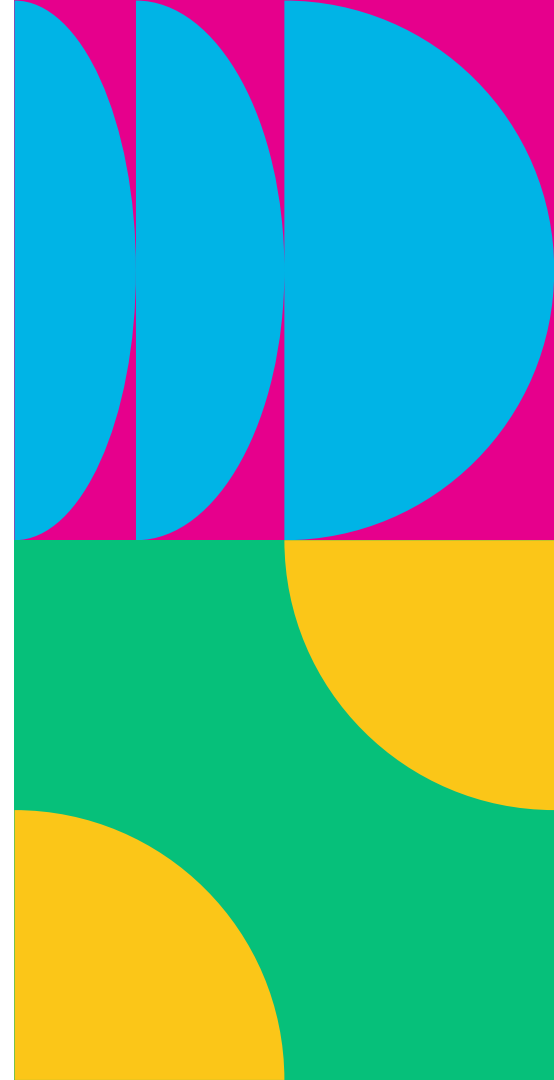
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Learning Objectives

1. Identify state and federal legislation from the 119th Congress impacting community pharmacy.
2. Describe how recent regulatory changes are affecting community pharmacies.
3. List three strategies for engaging your elected officials about issues affecting your pharmacy.



Speakers



Kaite Krell
Director of Congressional
Affairs
NCPA

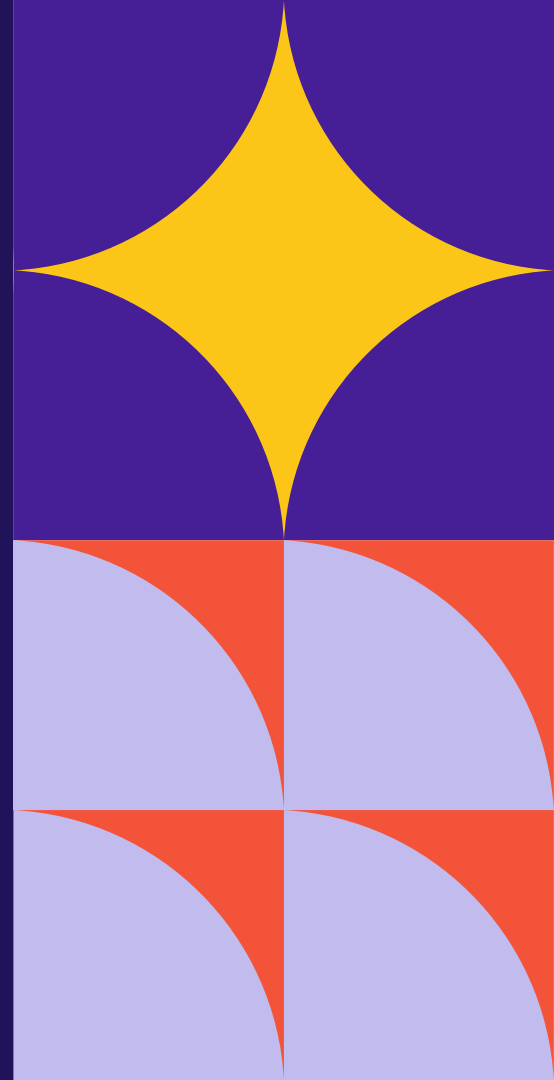


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FACA, FACVP**
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MBA**
Associate Director of Policy
and Pharmacy
NCPA

NCPA Federal Legislative Advocacy





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

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



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

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

Congressional Leadership



Rep. Mike Johnson
R-LA-4

- Speaker of the House of Representatives
- Head of the House Republican Party



Rep. Hakeem Jeffries
D-NY-8

- Minority Leader of the House of Representatives
- Head of the House Democratic Party



Sen. John Thune
R-SD

- Majority Leader of the Senate
- Head of the Senate Republican Party



Sen. Chuck Schumer
R-LA

- Minority Leader of the Senate
- Head of the Senate Democratic Party

Never Ceasing Advocacy



Senate Majority Leader John Thune



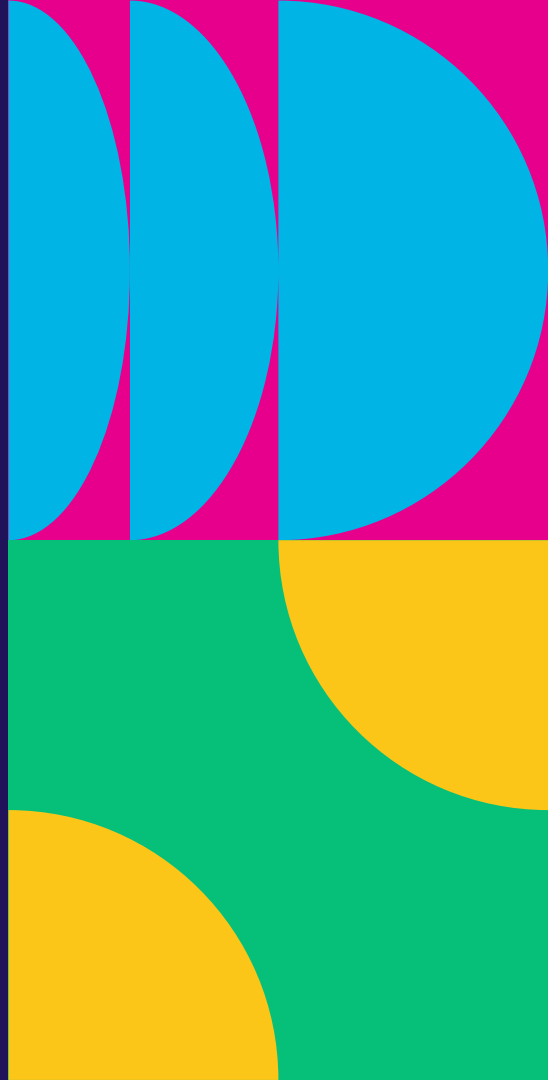
Speaker of the House, Mike Johnson

Never Ceasing Advocacy



**Federal Trade Commission Chairman, Andrew Ferguson
NCPA member, Remington Drug (Al Roberts [pictured] and Travis Hale)**

NCPA Roadmap to PBM Reform



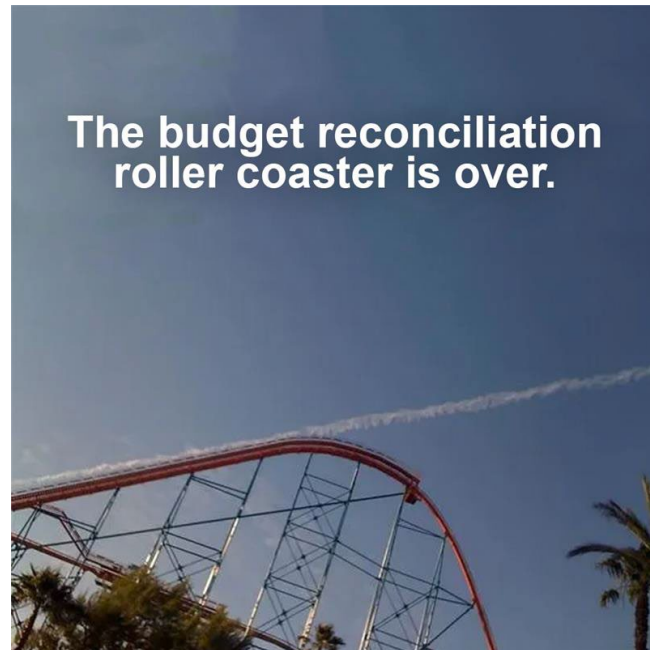
Pathways to Success

Senate 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?

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





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Congressional Focus on PBMs: Timeline

July 23rd: Reps. Jake Auchincloss (D-Mass.) and Diana Harshbarger (R-Tenn.) introduce the *Pharmacists Fight Back Act* (H.R. 9096). It was referred to the Committee on Energy and Commerce and the Committees on Ways and Means, Oversight and Accountability, and Armed Services

August 1st: FTC holds open commission meeting to discuss the agency's interim report on PBMs

August 1st-September 30th: Congressional offices had over 70 pharmacy visits to meet with independent pharmacy owners

September 11th: House Judiciary Committee held hearing to investigate "The Role of Pharmacy Benefit Managers."

October 1st: Senate Finance Committee Chair Ron Wyden (D-Ore.), and committee member Sen. Sherrod Brown (D-Ohio), released a letter they sent to the Federal Trade Commission urging it to expand its work into additional anti-competitive practices, called co-manufacturing, by PBMs that the industry may be using to put up barriers to competition and take in larger revenues.

December 6th: 120 members of the House of Representatives joined a letter to congressional leadership urging action on PBM reform.

December 4th: Rep. Buddy Carter (R-GA) led 14 bipartisan Members of Congress in a press conference with dozens of patients, caregivers, and independent pharmacists calling for the passage of PBM reform.

December 11th: Sens. Elizabeth Warren (D-Mass.) and Josh Hawley (R-Mo.), along with Reps. Diana Harshbarger (R-Tenn.) and Jake Auchincloss (D-Mass.) introduced the Patients Before Monopolies Act.

December 12th: 34 members of the U.S. Senate joined a letter to congressional leadership urging action on PBM reform before the end of the legislative session.

December 13th: House Judiciary Chairman Jim Jordan (R-Ohio) and Rep. Thomas Massie (R-Ky.), Chairman of Judiciary's Antitrust Subcommittee, launch an investigation into CVS Caremark's pharmacy steering practices in a letter to CVS Health's President and CEO.

December 17th: Continuing Resolution text release containing NADAC-plus in all Medicaid managed care plans and a requirement for CMS to create and enforce reasonable and relevant PBM contract terms in Medicare Part D

Congressional Focus on PBMs: Timeline

2025

ThoughtSpot

February 11: Sens. Chuck Grassley and Maria Cantwell reintroduced their Prescription Pricing for the People Act and PBM Transparency Act

February 25: NCPA participated in staff-level briefing along with NACDS, ERIC, CSRO, others; Reps. James Comer, Debbie Dingell, James Auchincloss speak

February 26: House Energy & Commerce Health Subcommittee held hearing on PBM reform; past NCPA President Hugh Chancy testified

March 6: Sen. Marsha Blackburn reintroduced her Patients Before Middlemen Act and Sen. Ron Wyden introduced the Bipartisan Health Care Act

March 12: Sen. Peter Welch reintroduced his Protecting Pharmacies in Medicaid Act

March 14: Congress passed the March “CR” with no healthcare or other substantive provisions; Sen. Wyden sought unanimous consent for his BHCA on the Senate floor

March 18: Rep. Mariannette Miller-Meeks reintroduced her H.R. 2214, Delinking Revenue from Unfair Gouging (DRUG) Act

April 3: Senate Judiciary Committee reported out on the Prescription Pricing for the People Act

April 30 to May 1: NCPA will hold its 2025 Legislative Conference (Congressional “fly-in”)

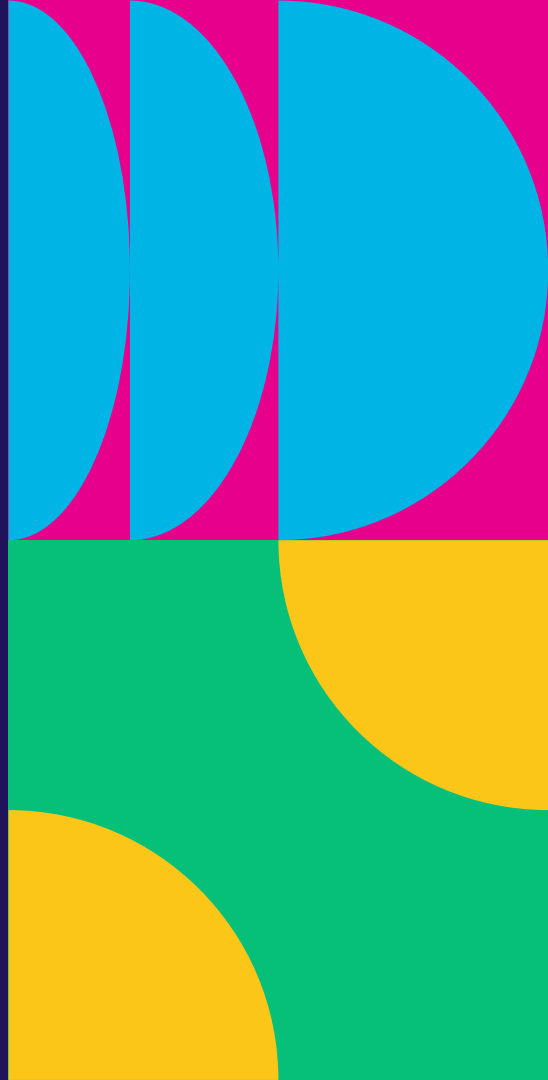


**NOW
WHAT?**



Medicare Part D 2026... **BIGGER** changes coming

Inflation Reduction Act



Inflation Reduction Act: The Alphabet Soup

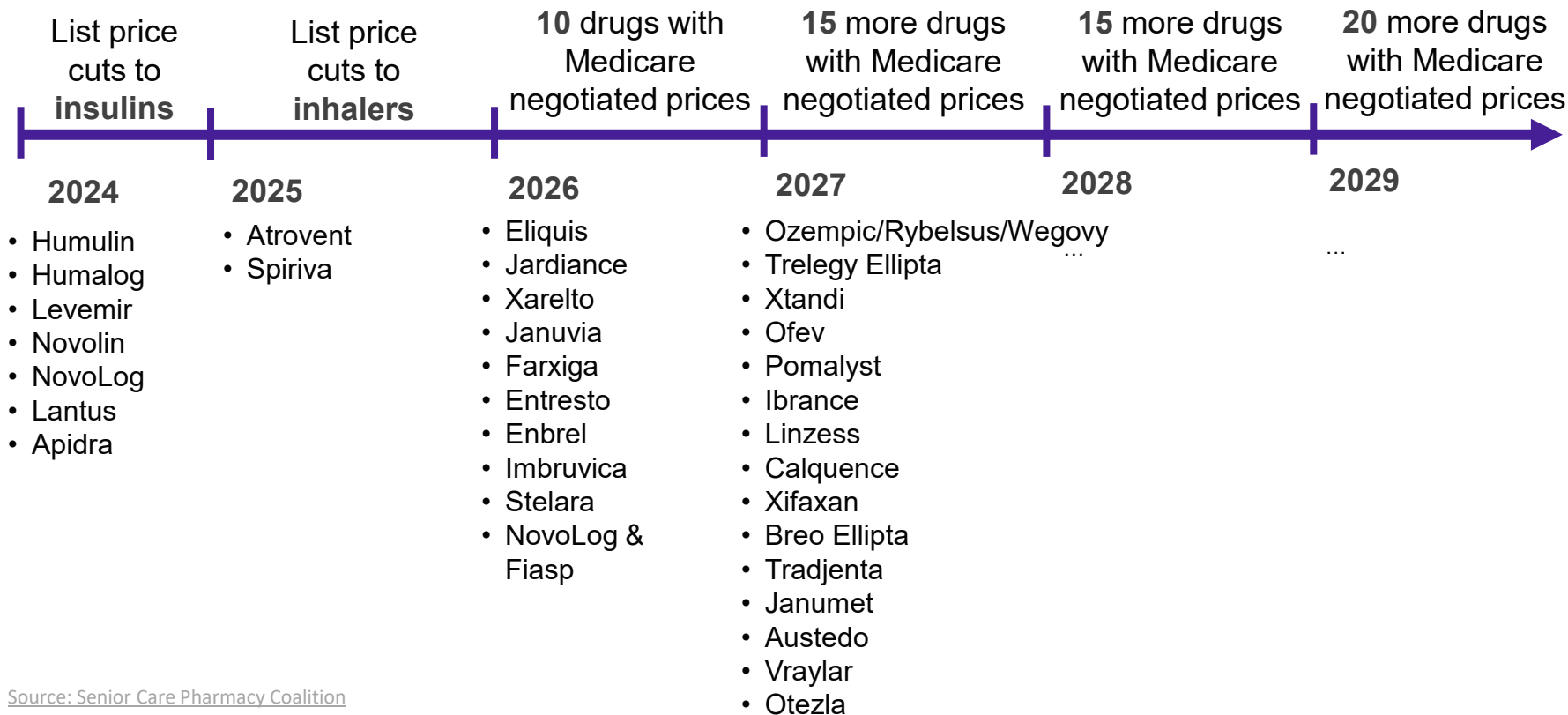
IRA: Inflation Reduction Act

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

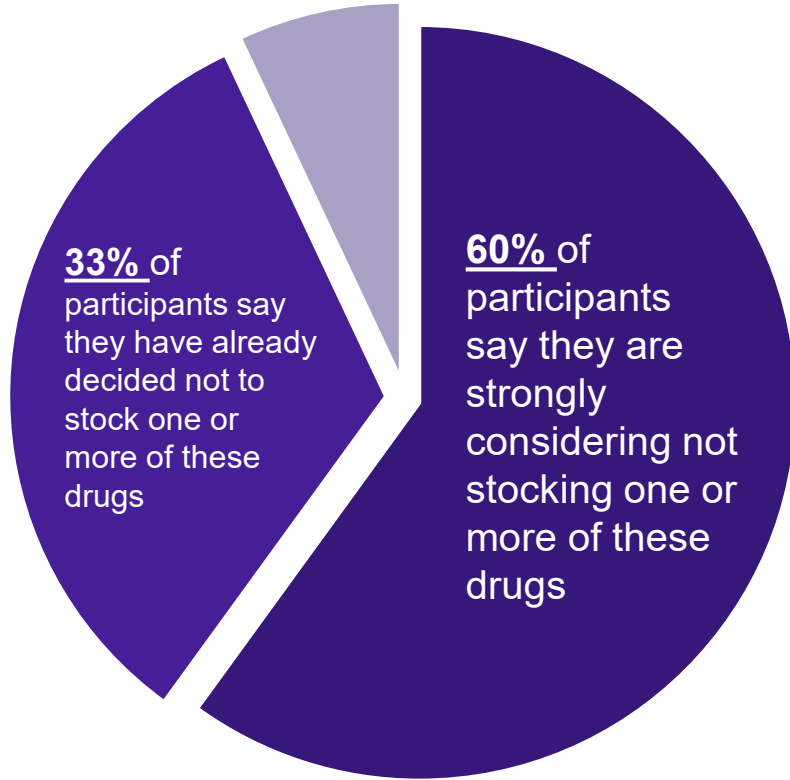
Note: Numbers other than prices are rounded to the nearest thousands. List prices are rounded to the nearest dollar and represent the Wholesale Acquisition Costs (WACs) for the selected drugs based on 30-day supply using CY 2022 prescription fills. Drug companies' participation in the Negotiation Program 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"

ThoughtSpot

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)?

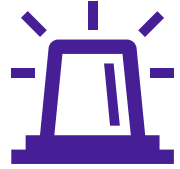
The MTF is a secure system created to help Part D plans, pharmacies, and other stakeholders share information about Medicare Part D drug coverage.

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.**



What you need to do before enrollment

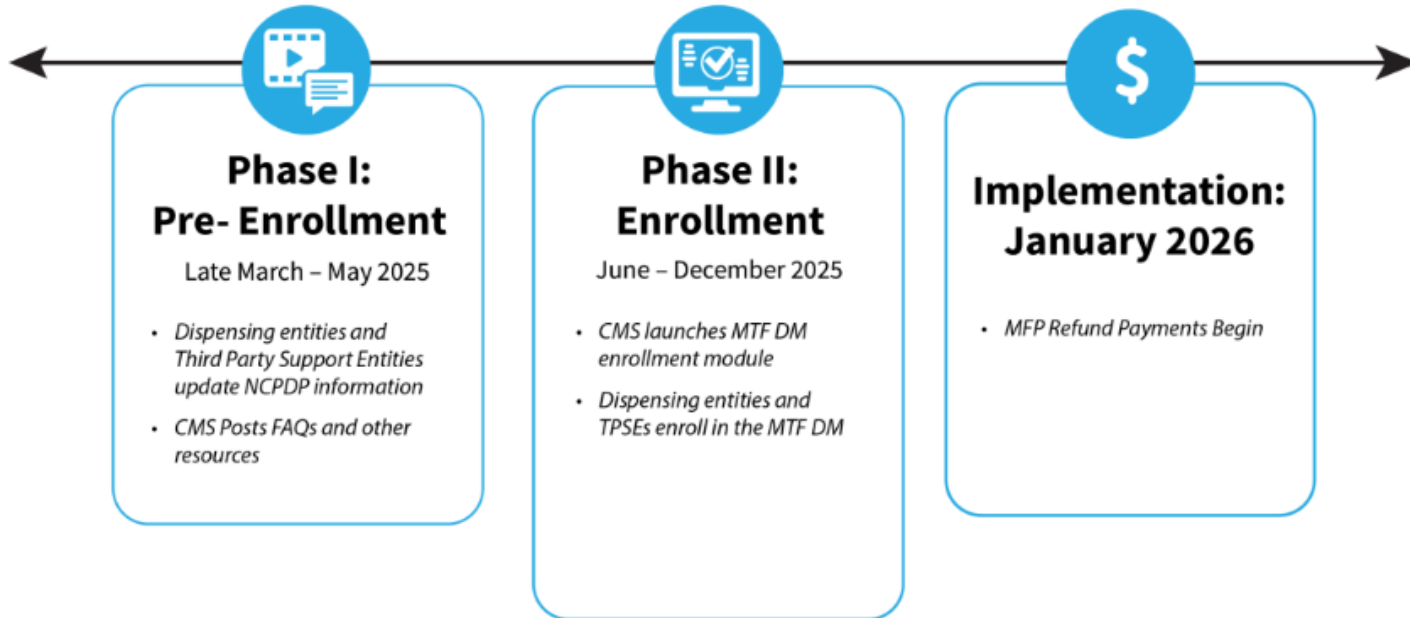


- ✓ Make sure your **NCPDP Profile is accurate and updated**
- ✓ Before enrollment, pharmacies need to know which functions, such as central pay or reconciliation services, they want to **assign to any third-party support entities such as PSAOs or reconciliation vendors.**
- ✓ During enrollment, pharmacies 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

Timeline for MTF: Pharmacy and Dispensing Entity Outreach to Starting Operations



How to enroll in this...beast



Pharmacy enrollment began June 9, 2025 via the MTF

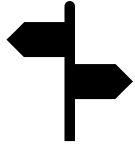


****Pharmacies can indicate if they have cash flow concerns, which may qualify them for financial relief from manufacturers.**

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



MDPN: Urgent Considerations



Decide whether to join 2026 Part D networks before you know actual MFP drug reimbursements



Act quickly: Expect short opt-in/opt-out contract deadlines



Read all contract terms carefully and stay in touch with your PSAO



NCPA resources like the Contract Evaluation Best Practices Guide can help

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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?

1. Tariffs

2. IRA MFP

3. MFN

Most-favored Nation Policy

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

Key Actions:

- HHS/CMS must propose MFN prices within 30 days.
- Encourages drugmakers to comply voluntarily; otherwise may trigger rulemaking, importation, or antitrust enforcement.
- Enables direct-to-consumer MFN drug purchases.
- Calls out foreign “freeloading” and directs trade retaliation if needed.

State Advocacy



States Building on Previous Wins

Kentucky SB 188

West Virginia SB 453

Louisiana SB 444

Arkansas Rule 128

State Priorities Overview



PRIORITY



**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

*Independents only

**Independents only, chains to be added January 1, 2027

Medicaid Managed Care Reform

Reforms/Solutions:

1. Reimbursement floors/fee for service rate
2. Carve-out (back into Medicaid fee for service)
3. 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

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





2025

STATE WINS FOR
COMMUNITY PHARMACY



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

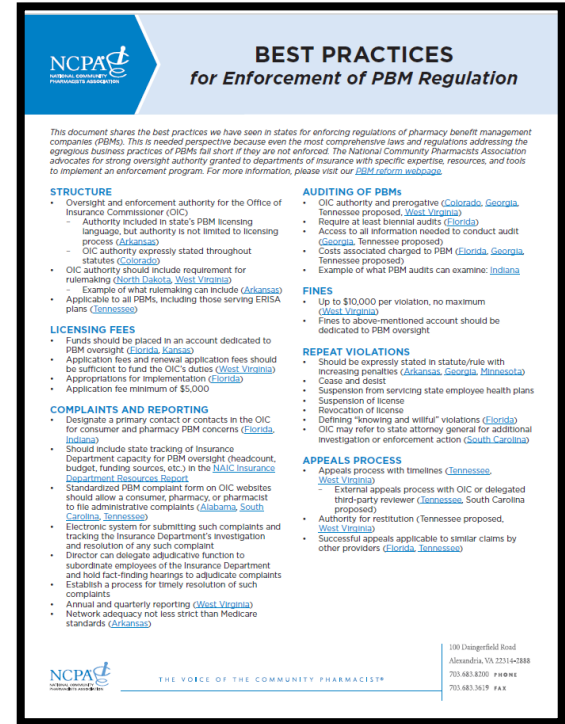
Network and Legal Considerations

- 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](#)



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.)

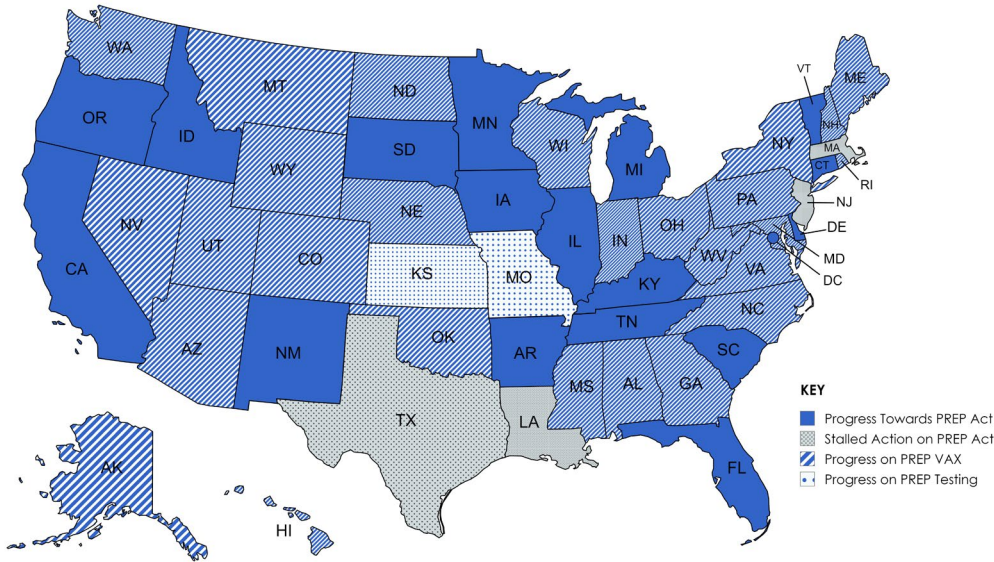
PREP Act Vaccine and Testing Authorities Among the States- currently 18

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.

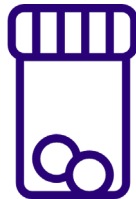
Kentucky – allows pharmacists to administer vaccines to individuals over 3 years of age



Expanding Scope of Practice

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

1. Administering hormonal contraception
2. HIV PEP/PrEP medications
3. Tobacco cessation
4. 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)

Bills in Play

New Hampshire: SB 250 (Long-acting injectables)

Rhode Island: S 166 (vaccine authority)

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

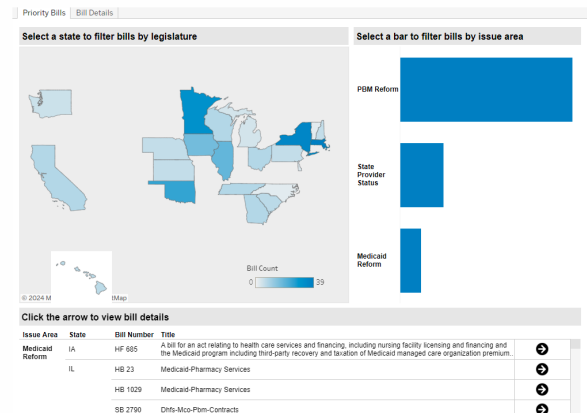
Central location of documents, including 1-pagers, model legislative language, recent state legislative wins, and other information to further advance pro-patient and pro-pharmacy advocacy efforts in the states.

Is Your State Enforcing PBM Regulations?

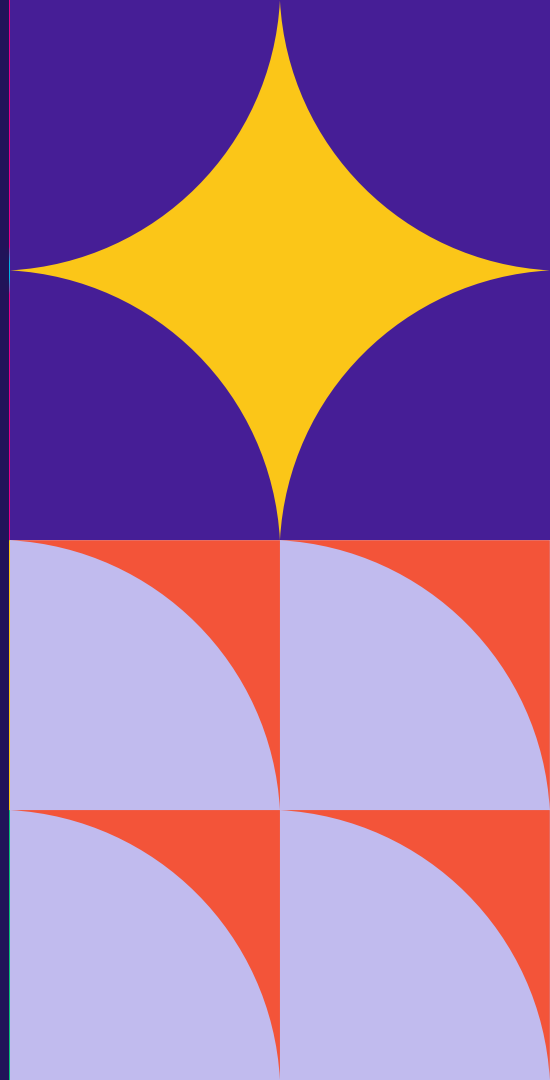
Virtually every single state has passed some form of PBM regulations over the last several years. Although there have been great strides forward with comprehensive state PBM regulations and court victories, this is all irrelevant if the state departments of insurance are not enforcing these laws.

State-Specific Community Pharmacy
Impact Fact Sheets

State Legislative Tracking



How to be a strong advocate



Characteristics of a Strong Advocate

- Excellent Educator
- Magnificent Motivator
- Strong Storyteller
- Relationship Focused



Legislative Engagement

- Politics are Local
- Pharmacy Visits
- National Fly-Ins
- Pharmacy on the Hill Days



Legislative Visits 101

- Build a relationship
- Know the facts
- Use your associations
- Be concise
- Talk in “their” terms
- The Secret Sauce = Staffers!
- Share the news



Questions?



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