“FixDIRDay” push urges Senate to move swiftly on pharmacy DIR fees
This week, NCPA led a grassroots push prior to the start of the July 4 recess to urge support for inclusion of pharmacy DIR reform in the legislative package being crafted by the Senate Finance Committee. NCPA engaged its membership and worked with industry allies to help promote this day of action dubbed “FixDIRDay,” which resulted in over 3,100 emails being sent to Senate offices through NCPA’s Legislative Action portal. The timing was critical because the Senate Finance Committee could move on the legislation soon after it returns from the July 4 recess. While the Senate is on recess, take advantage of any opportunities to speak with your Senators directly. If you are represented by a member of the Senate Finance Committee, invite them or their senior staff to visit your pharmacy over the (June 28-July 8) and see first-hand why action is needed. Regardless of whether your Senator is a member of the Finance Committee, continue to email your senators and encourage them to voice their support for such action and ensure it is included in the final legislative package.

July 4 Congressional recess starts today, have you invited your legislator for a pharmacy tour?
The July 4 in-district work period starts today. Congress will be away from Washington from June 28-July 8. If you have not yet done so, take this opportunity to extend an invitation to your legislator to visit your pharmacy or schedule a group meeting with multiple community pharmacists with legislators and discuss priority issues. These carry extra value if your legislator is new to Congress so you can familiarize them with community pharmacy and our issues or if they are a member of the Energy and Commerce or Ways and Means health subcommittees, the starting points for much of community pharmacy’s legislation in the House. Pharmacy visits and face-to-face meetings are tremendously effective ways to communicate with legislators and to establish yourself as a resource to them as issues arise. Visit NCPA’s pharmacy visits webpage or contact Michael Rule at michael.rule@ncpanet.org for tips on arranging a visit with your legislator.

HELP Committee advances the Lower Health Care Costs Act
This week, the Senate Health, Education, Labor, and Pensions (HELP) Committee advanced S. 1895, the Lower Health Care Costs Act, to the full Senate on a roll call vote of 20 to 3, with Sens. Rand Paul (R-Ky.), Bernie Sanders (I-Vt.) and Elizabeth Warren (D-Mass.) opposing the legislation. Committee Chairman Lamar Alexander (R-Tenn.) and Ranking Member Patty Murray (D-Wash.) sponsored the bipartisan bill to protect patients from surprise medical billing, reduce prescription drug costs, improve health care transparency, and provide funding for public health initiatives. While the Committee voted to advance the legislation by a comfortable margin, multiple Senators from both parties expressed concerns with significant pieces of the bill, including the method used to resolve surprise medical billing disputes and the adequacy of provisions to lower prescription drug prices.

Senate Judiciary Committee moves drug pricing bills
This week, the Senate Judiciary Committee advanced four bills to the Senate floor meant to lower the prices of prescription drugs. The four bills, S. 1227, the Prescription Pricing for the People Act of 2019; S. 440, the PACED Act; S. 1224, the Stop STALLING Act; and S. 1416, the Affordable Prescriptions for Patients Act, are part of a coordinated push in the Senate to move drug pricing legislation. S. 1227, is the companion bill to H.R. 2376, sponsored by House Judiciary Committee Chairman Jerry Nadler (D-N.Y.) and Ranking Member Doug Collins (R-Ga.) which was advanced by the House Judiciary Committee last month. This bill would require the FTC to study the role of intermediaries in the pharmaceutical supply chain. Other drug pricing legislation moving in the Senate includes S. 1895 that advanced out of the
HELP committee, and another bill under development that Senate Finance Committee Chairman Charles Grassley (R-Iowa) said was likely to advance out of the committee in mid-July.

President Trump Issues Drug Pricing Executive Order
This week, President Trump issued an Executive Order directing the Administration to take action to improve price and quality transparency in healthcare. The Executive Order contains the following five provisions:

- Instructs HHS to require hospitals to disclose information about their negotiated rate in a format that is understandable and usable for patients as consumers.
- Instructs the Departments of Labor and Treasury to work together to require insurance companies to provide patients with information on out of pocket costs before they receive services.
- Asks the entirety of the government to come up with a comprehensive quality roadmap to ensure consistent, limited, and consumer centric quality metrics that can drive quality improvement.
- Directs all agencies of the government who possess federal healthcare data to ensure they are disclosing deidentified data that will enable transformation of the healthcare marketplace and researchers to develop tools and analytics so that patients can be at the center of their own healthcare.
- Directs the Department of Treasury to open up more healthcare savings account options.

NCPA participates in Congressional briefing on drug pricing
This week, NCPA’s Director of Congressional Affairs, Adam Harbison, participated in the Alliance for Transparent and Affordable Prescription’s (ATAP) first annual Congressional briefing. The focus of the briefing was prescription drug affordability for patients. Harbison shared how PBM practices negatively impact community pharmacies and contribute to higher drug spending for patients. He also discussed current efforts to advance DIR reform as a part of the Senate Finance Committee’s drug pricing package. NCPA is proud to partner with ATAP to advocate for more PBM transparency and lower drug costs.

NCPA attends meeting on controlled substances at DEA
Last Friday, NCPA attended a meeting hosted by the DEA for Industry Associations. Diversion Control leadership and staff were present to provide an overview of respective responsibilities and topics covered included ARCOS enhancements, suspicious orders and DEA diversion control future initiatives. Of interest to community pharmacists, ARCOS enhancements are now in place whereby reporters (manufacturers and distributors) can use the buyer stat tool and enter a retail buyer DEA # plus a drug code to obtain a count of that product that has been ordered in the last 6 months and the number of suppliers providing that drug. Regarding suspicious orders, H.R. 6, the most recent federal opioid legislative package, included a definition of suspicious orders and new reporting requirements, including building a system to capture suspicious orders. The DEA is working on a proposed rule to implement this new requirement that should be available in advance of October 2019. Pharmacies will need to report suspicious orders only between DEA registrants to who they may distribute, such as physicians. Lastly, DEA is also working on regulations related to partial fills of schedule II controlled substances and a new pharmacist manual should be available soon.

Legislation moves forward in the states
This week, the following state legislative measures advanced:
- Maine Gov. Janet Mills (D) signed two pharmacy bills into law. **LD 1504** requires PBMs to act as a plan sponsor’s fiduciary, establish network adequacy requirements that do not include mail-order pharmacies, strengthens existing MAC transparency laws, and regulates the use of spread pricing. **LD 1499 (SP 461)** established the Maine Prescription Drug Affordability Board, which will examine the state’s public drug benefit programs and offer recommendations on lowering costs to the state.

- Delaware **HB 194** was reported out of the Senate Banking, Business & Insurance Committee. The bill would require PBMs to register with the Insurance Commissioner, give the commissioner greater regulatory authority over PBMs, and strengthens existing reimbursement transparency protections.

- Delaware **SB 71** was passed by the Senate and has moved to the House. The bill would limit PBM conflicts of interest by prohibiting a PBM from requiring a patient to use a PBM-owned pharmacy, and the bill would require pharmacies to be owned by a pharmacist or a majority of pharmacists.

- New York **S6531** passed both the Senate and the Assembly. The bill would require PBM licensure, strengthen reimbursement appeals laws, and require PBMs to act as fiduciaries. The bill awaits action by Gov. Andrew Cuomo (D).

**NCPA state legislative activity update**

NCPA tracks state legislation related to our top three state priorities: Medicaid reform, scope of practice and compensation for services, and PBM reform and regulation. Attached is a report of bills that have been introduced so far this session specifically dealing with these three issue areas. You can access the individual bill language and basic information on the bill by clicking on the bill numbers in the attached report. Bills that have moved this week are listed at the top in the “Recently Updated” section.

***Note- Due to the July 4 holiday, the weekly update will not be sent on July 5 and will resume on July 12.***