

Personalize this letter. If you are CERTAIN your pharmacy will close without the AMP fix, then say so.

Dear Editor:

The recent vote in the U.S. Senate on HR 6331 was about more than physician reimbursement in Medicare. It also included several provisions regarding pharmacies that can dictate whether I can keep serving all my patients. I may even have to close down my pharmacy because more than half my patients are on Medicaid.

The Centers for Medicare and Medicaid Services wants to change the formula by which I am reimbursed for medicines I buy for my patients. The change means I'll be paying more for drugs than I'll receive in reimbursement—an average 36 percent more!

The bill also required Medicare Part D health plans to promptly reimburse me for prescriptions. Here's how it works today. I have to electronically submit a prescription for approval to the health plan. That means they instantly know that I have dispensed that medicine to the Medicare patient. Instantly!! This bill would cause the health plan to reimburse me within two weeks instead of keeping the government's money on "float" for an additional two-plus weeks. You don't have to use a calculator to know we are talking about millions of dollars of inappropriate profits to these health plans.

Don't think this is only about Medicare and Medicaid patients. It's about ALL my patients. When I have such a large percentage of my clientele in these two programs that are costing me more money than I'm making, it means I can't make enough profit to stay in business for my other patients.

I ask my patients to contact Sens. Cornyn and Hutchison about the effects of HR 6331 on pharmacy. It passed the House with a bipartisan, veto-proof margin. If either of them had voted for this bill, it would have passed.

Sincerely,