

CONGRESSIONAL COMMUNITY PHARMACY COALITION

PRESERVING PATIENT ACCESS TO AMERICA'S MOST ACCESSIBLE HEALTHCARE PROFESSIONALS

COMMUNITY PHARMACISTS SERVE THE COMMUNITY:

- Over 23,000 independents nationwide
- Provide over **300,000 small business jobs**
- Provide prescription access which keeps our workforce, seniors and children healthy
- In smaller communities, pharmacies are the primary **health care resource**

KEY COMMUNITY PHARMACY ISSUES:

MEDICAID AND AMP

H.R. 3140, THE SAVING OUR COMMUNITY PHARMACIES ACT

- **Patients will lose pharmacy access** as providers will be driven from Medicaid by a new Federal Upper Limit (FUL) for multi-source, generic prescription drugs based on Average Manufacturer Price (AMP) which falls **36% below pharmacy acquisition costs** (Source: GAO-07-239R, 1/20/2007)
- AMP must cover acquisition costs paid by community pharmacy
- **Loss of access will increase taxpayer costs** from more doctor visits, emergency room treatments and long term care costs
- To increase savings, **Medicaid must encourage generic utilization**

MEDICARE PART D AND PROMPT PAYMENT

H.R. 1474, THE FAIR AND SPEEDY TREATMENT OF MEDICARE PRESCRIPTION DRUG CLAIMS ACT

- An August 2007 University of Texas Study has found:
 - **Only 1.3 percent of electronically submitted Part D claims are electronically reimbursed within two weeks of adjudication** (the standard for similar Medicaid claims)
 - **At 30 days, Half** of community pharmacy claims remain unpaid
 - **At 60 days, One in six** claims—17.2%—remain unpaid
 - Most plans choose to reimburse via paper check through “snail mail” causing further delays
- **Prompt Payment** – To ensure continued patient access, providers should be reimbursed electronically within 14 days for clean claims submitted electronically

PBM ABUSES AND NEGOTIATION RIGHTS

H.R. 971, THE COMMUNITY PHARMACY FAIRNESS ACT

- **PBMs lack transparency**, yet make millions from government and third-party contracts
- Shrinking and shifting formularies (list of drugs covered) **restrict treatment options**
- Redundant pre-authorization hassles generate red tape for patients, pharmacists and doctors
- **90-day prescriptions at retail are restricted** as PBMs insist patients use the PBM-owned mail order facility (a conflict of interest)
- PBMs bill employers for more than they pay the pharmacy and pocket the difference
- H.R. 971 would **allow independent pharmacies the ability to negotiate** their Part D and other third-party contracts
- Negotiation rights require **NO** government funding

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