

FOR IMMEDIATE RELEASE

CONTACT:

Kevin Schweers / John Norton

(703) 683-8200

kevin.schweers@ncpanet.org / john.norton@ncpanet.org

NCPA Weighs in on Pharmacy Benefits and the Health Insurance Exchanges Planned for 2014

ALEXANDRIA, Va. (Nov. 1, 2011) – The federal guidelines governing the state-based health insurance exchanges set forth by the Affordable Care Act (ACA) should ensure adequate pharmacy access for patients and take care to ensure patients and taxpayers realize the full savings from pharmacy benefit disclosure requirements, the [National Community Pharmacists Association](#) (NCPA) said in comments filed with the U.S. Department of Health and Human Services (HHS).

“Federal and state officials from both parties are making considerable efforts now to make certain that patients will have access to affordable, quality medical coverage when health insurance exchanges open in 2014,” said NCPA CEO B. Douglas Hoey, RPh, MBA. “The services of community pharmacists, such as expert medication counseling, are critical to improving patient outcomes and reducing costs in these plans, as well as those outside of the exchanges. NCPA is committed to continuing to work with policymakers to maximize the health benefits of prescription drugs and other pharmacy services, while controlling costs.”

NCPA’s [comments to HHS](#) included the following recommendations:

- HHS should adopt the Department of Defense/TRICARE standard for pharmacy access in plans offered through the state exchanges. That minimum standard sets forth an adjusted scale for pharmacy access in urban, suburban and rural communities (e.g., at least 70 percent of beneficiaries in rural areas on average must live within 15 miles of a participating retail pharmacy). To further ensure access, plans should also consider, where appropriate, designating community pharmacies in low-income, underserved areas – quite often independent pharmacies – as “essential community providers.”

- To maximize the cost-savings from pharmacy benefit manager (PBM) disclosure requirements, included in the ACA at the recommendation of [NCPA and consumer groups](#), HHS should issue guidance so health plans get an accurate grasp of the complex, multi-faceted revenue streams of PBMs that inflate health care costs. Specifically, in terms of payments to PBMs by manufacturers and other entities, NCPA suggested a definition of “indirect compensation” to reflect revenue retained by PBMs in addition to rebates.
- Adopt a more transparent process for evaluating proposed changes to plans in the health exchanges than the state plan amendment (SPA) process currently employed in Medicaid. For example, proposed changes could be publicly disclosed in advance of HHS’ ruling on them.

###

The National Community Pharmacists Association (NCPA®) represents the interests of America's community pharmacists, including the owners of more than 23,000 independent community pharmacies. Together they represent a \$93 billion health care marketplace, dispense over 37% of all retail prescriptions, and employ more than 315,000 people, including 62,400 pharmacists. Independent community pharmacists are readily accessible medication experts who can help lower health care spending. They are committed to maximizing the appropriate use of lower-cost generic drugs and reducing the estimated \$290 billion that is wasted annually by improper medication use. To learn more go to www.ncpanet.org or read NCPA's blog, The Dose, at <http://ncpanet.wordpress.com>.