PRIORITY PHARMACY LEGISLATIVE NEEDS

THE NORTH CAROLINA ASSOCIATION OF PHARMACISTS

Did you know that . . .

- *medications are the most common health care intervention for preventing and treating health conditions?*
- *among health care providers, pharmacists are considered medication experts?*
- *pharmacists do more than dispense medications? They are educated and trained to provide care that ensures safe, effective, and optimal use of medications for preventative health, acute illness, and chronic disease management.*

REIMBURSEMENT FOR PHARMACIST-PROVIDED HEALTH CARE SERVICES

The facts:

- Pharmacists are **legally** permitted to prescribe certain birth control, tobacco cessation products, and HIV prevention medications. This care requires both patient assessment and education to determine the most appropriate course of action.
- NC statutes already designate pharmacists as "health care providers" when it comes to medical liability, but **not** when it comes to **compensation for the care they provide**.
- Patients and NC Legislators have recognized the value offered by pharmacists to increase access to quality health care.
- NC Medicaid is the **only health plan that has taken some steps** to begin paying pharmacists for certain health care services.
- Pharmacists who provide care **within their licensed scope of practice should be reimbursed for the care they provide.**

The ask:

- We need to amend the insurance code by passing fair legislation to abolish the **discriminatory** actions used by health plans to prohibit pharmacists from billing for and receiving compensation for the care they provide to patients.
- We are working with Senators Hise & Sawrey and Rep. Sasser on this legislation.

TEST AND TREAT

The facts:

- Under current statute, pharmacists **can** provide certain point-of-care tests, but they are **not** able to act on the results they obtain by offering treatment.
  - *Example: the only recourse a pharmacist can take for a positive flu test is to tell the patient they have the flu and now they need to go to their physician or urgent care for a prescription for treatment to then be filled back at the pharmacy.*
- **Almost 50% of states** in the U.S. have expanded pharmacists' ability to test and provide treatment for minor illnesses such as COVID-19, strep throat, flu, and urinary tract infections.
- Test and treat in the pharmacy **increases patients' access to care** and helps to **prevent delays in care** which can **reduce direct and indirect health care costs**.

The ask:

- Similar to many other states, NC needs to pass legislation that would allow pharmacists to test and treat for certain conditions.
- In doing so, we could improve efficiencies in care for situations like the following:
  - *A patient visits their pharmacy with flu-like symptoms looking to purchase over-the-counter medications for symptom management. The pharmacist could utilize a protocol by which they offer a rapid flu test, and if positive, could provide prescription medication. This can reduce the course of the illness and missed time from work or school, all while preventing the need for an urgent care or possibly emergency room visit.*
- We are working with Sen. Burgin & Rep. Sasser on this legislation.

Please reach out with questions! (984) 439-1646

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COLLABORATIVE PRACTICE

The facts:

- All 50 states have some form of **collaborative practice authority (CPA)** in which physicians can delegate certain health care services to pharmacists (e.g., ordering lab tests, initiating, modifying or discontinuing medications, etc.).
- NC was one of the first states to enact this authority for pharmacists in 1998, however, **our statute has not been updated since**. NC's CPA now ranks as one of the **most outdated and most restrictive** in the country.
- NC's CPA does **not** allow for population health and does **not** allow for physician assistants (PAs) or nurse practitioners (NPs) to participate in collaborative care with pharmacists.
- NC's CPA needs to allow for collaboration outside of the physician office (e.g., partnering with a community pharmacist or telehealth).
- **Health care needs have changed greatly since 1998** and our CPA statute needs to be modernized to remove barriers that hinder quality team-based patient care; and to help meet the expanding healthcare needs of all North Carolinians.

The ask:

- We need to pass legislation to modernize our current CPA to better serve NC patients as part of an interprofessional health care team.
- We need all NC health care professionals practicing to the height of their education and training to improve patient care.
- We are working with Senators Hise & Sawrey and Rep. Sasser on this legislation.

PHARMACY BENEFIT MANAGERS REFORM

The facts:

- Pharmacy Benefit Managers (PBMs) are the middlemen between health plans and pharmacies. **80% of the market** is controlled by 3 PBMs.
- PBMs are unique to the U.S., yet drug prices are **278% higher** than in other developed countries. Each year, PBMs are becoming increasingly **more powerful and drive rising drug costs** for our patients, with a **222% increase** in patient out-of-pocket costs from 1987-2019.
- Pharmacies cannot negotiate and are often reimbursed **significantly less** than what it costs the pharmacy to purchase the medication, leading to independent pharmacy closures and loss of patient access to pharmacists.
- This 'spread pricing' enables PBMs to charge health plans one price for a dispensed medication, reimburse pharmacies a lower amount, and pocket the difference.
- **Patients are paying more & pharmacies are closing, meanwhile** PBMs annual revenue & profits continue to increase. **PBMs' revenue in 2022 = $495 Billion**.

The ask:

- **Vote for H246** *Revise Pharmacy Benefits Manager Provisions* (Reps. Sasser, Bell, Blackwell & Humphrey).
- We need PBMs to reimburse pharmacies in accordance with the National Average Drug Acquisition Cost (NADAC), limit spread pricing, set uniform pharmacy accreditation standards, and provide transparency in medication pricing.

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