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## Four legislative issues managed care pharmacists should watch

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By [Aubrey Westgate](#)

The Academy of Managed Care Pharmacy (AMCP) is currently tracking about 60 bills in this legislative session that could affect managed care pharmacy. That's according to Regina Grayson Benjamin, BS, JD, director of legislative affairs at the [Academy of Managed Care Pharmacy](#), who copresented a session entitled "Federal and State Legislative and Regulatory Update" at the [AMCP Nexus Conference](#) in Orlando.

During her session, which she co-presented by Mary Jo Carden, RPh, JD, vice president of government and pharmacy affairs at AMCP, Benjamin identified several legislative and regulatory issues that managed care pharmacists should keep an eye on. They include:

### *Pharmacist-Provider Status Legislation*

There are two bills related to pharmacist-provider status pending before Congress, one in the House (H.R. 592) and one in the Senate (S. 314), said Benjamin. Both of these bills have bipartisan support and the AMCP has had a "longstanding policy of support for pharmacists having provider status," she said.

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The two bills, which are companion bills, add pharmacist services to Medicare Part B where authorized by state law and provided in a health professional shortage area, medically underserved area, or to a medically underserved population, she said.

Under the legislation, pharmacists would be paid up to 85% of the Physician Fee Schedule under Medicare Part B, and pharmacy service specific codes under the physician fee schedule would need to be developed, said Benjamin.

### *H.R.6 - The 21<sup>st</sup> Century Cures Act*

This act started out as more than 300 pages of legislation, and went through several drafts before it was introduced in May. "Once it was introduced, it moved very quickly but it's been sitting in the Senate since July," said Benjamin, noting that the legislation passed the House in July.

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The key area of focus within this bill for the AMCP is the prescription management program that the legislation would establish, said Benjamin. Indeed, in a statement issued by the AMCP just after the House passed the legislation, CEO Edith A. Rosato, RPh, IOM, [said the legislation](#) includes an important provision to prevent prescription drug abuse of opioids among at-risk Medicare beneficiaries.

*"Sec. 3141 would establish a drug management program to help Medicare beneficiaries at risk for opioid abuse—its inclusion is an important step in fighting the growing epidemic of opioid abuse," she said. "AMCP will continue to work with Congress and the [Centers for Medicare and Medicaid Services] on establishing drug management programs for at-risk beneficiaries that replicate the successes of those in the Medicaid program and private sector."*

On the Senate side of things, a report entitled "Innovation for healthier Americans," was issued in January 2015. "Everyone was thinking that that was the Senate counterpart to the House 21<sup>st</sup> Century Cures," said Benjamin. Still, she said, the Senate has yet to release draft language for consideration.

"We're being told now that they're going to have a draft out in the next two weeks, but meanwhile H.R.6 is sitting in the same committee that would take up whatever it is the Senate is going to produce ... " said Benjamin. "Even though the house moved very quickly ... and they were hopeful that that legislation would be enacted by the end of the year, we don't foresee that happening."

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#### ***National All Schedules Prescription Electronic Reporting Reauthorization Act (NASPER)***

This legislation, which the AMCP supports, would provide grants for states that meet certain criteria to establish, improve, or maintain a prescription-drug monitoring program (PDMP), said Benjamin.

The legislation passed the House in September and is currently in the Senate. "We're hopeful that in this Congress they finally will pass it and provide funding for state PDMP programs," said Benjamin.

She identified two key elements the AMCP would like to see included in the legislation:

- A provision to allow access to PDMP data by MCOs, prescription drug plans, Medicare advantage prescription drug plans and pharmacy benefit managers; and
- A provision to encourage states to develop real-time data sharing integrated into the work flow of pharmacies and prescribers.

"AMCP will be continuing its efforts to support the reauthorization of NASPER," said Benjamin.

#### ***S. 1913 Stopping Medication Abuse and Protecting Seniors Act of 2015***

The Stopping Medication Abuse and Protecting Seniors Act of 2015, introduced to the Senate in this year, would authorize the use of drug-management programs in Medicare that require patients at risk of drug abuse to utilize designated pharmacies and prescribers to obtain controlled substances at risk for abuse.

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The AMCP supports the S. 1913 provisions over the drug management provision in H.R. 6 because, "we think the [S. 1913 provisions] are more balanced," said Benjamin. Still, she said, AMCP did support H.R.6 because it would like at-risk beneficiaries in Medicare Part D to be able to participate in prescription drug management programs.

In a [September 2015 statement](#), Rosato voiced her support for the S. 1913 legislation. "One of the primary messages is AMCP's support for an amendment to the Medicare Part D law that would allow prescription drug plans and Medicare Advantage prescription drug plans to limit patients with a history of abuse to a single prescriber and/or pharmacy, similar to what currently is available in the private insurance market and Medicaid," she said. "Provisions allowing these limitations, known as prescription drug management programs (DMPs), are contained in the 21st Century Cures Act (H.R. 6) and Stopping Medication Abuse and Protecting Seniors Act of 2015 (S. 1913)."