



NATIONAL  
ASSOCIATION  
OF SPECIALTY  
PHARMACY

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### **NASP Thanks the Senate Finance Committee for Taking Initial Steps to Address Anticompetitive PBM Practices**

#### **Urges the Committee to Do More to Support Specialty Pharmacies and Patient Pharmacy Choice**

WASHINGTON, DC – The National Association of Specialty Pharmacy (NASP) thanks the Senate Finance Committee for its strong bipartisan effort to take a first step toward addressing anticompetitive PBM practices that ultimately harm beneficiary access to the specialty pharmacy of their choice. The *Modernizing and Ensuring PBM Accountability Act* that advanced out of committee on Wednesday includes important provisions meant to address practices that have largely contributed to the growth of pharmacy DIR fees in Medicare Part D and address spread pricing practices in Medicaid – practices that hurt specialty pharmacies, limit network participation and prohibit patient access to the specialty pharmacy of their choosing for management of complex conditions like cancer, multiple sclerosis and rheumatoid arthritis.

Current federal law and regulations that are meant to ensure any willing pharmacy can participate in a pharmacy network and that pharmacies have reasonable reimbursement are not being overseen or enforced. Specialty pharmacies face low upfront reimbursement rates and growing clawbacks from some PBMs that surpass millions in dollars for many specialty pharmacies. Pharmacies have no recourse. Ultimately, patients suffer the consequences as their specialty pharmacies disappear. To address this, it is urgent the Finance Committee include the full bipartisan *Protect Patient Access to Pharmacies Act* (S. 2052) in the final PBM reform package the Committee advances this year. During the mark up, Chairman Wyden expressed his support for continuing to work to address inclusion of this bill.

The Committee must act on S. 2052 this year as it finalizes its PBM reform efforts. Timing is important because new Part D regulations that go into effect in January 2024 threaten specialty pharmacies by allowing PBMs to further decrease pharmacy reimbursement while continuing to collect pharmacy DIR fees, threatening network access.

**“We implore the Senate Finance Committee to continue its collaborative bipartisan work and ensure seniors continue to have access to the specialty pharmacy of their choice by ensuring fair pharmacy reimbursement, and therefore, pharmacy network access protections. Beneficiaries rely on their specialty pharmacies across the country whether they be independent, hospital-health system based, regional or national in structure. We are so grateful for Chairman Wyden’s and Ranking**

**Member Crapo's efforts, but NASP must emphasize how important it is to do more to get these reforms right for specialty pharmacies and the beneficiaries they serve. Like a puzzle, all of the pharmacy protections and reforms in S. 2052 are intended to work together. They must be passed before 2024 if Congress is to truly protect pharmacy access,"** said Sheila Arquette, R.Ph., NASP President and CEO.

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*NASP represents all specialty pharmacy industry stakeholders. Specialty pharmacies serve communities of patients who have complex health conditions like cancer, rheumatoid arthritis, multiple sclerosis, cystic fibrosis, hemophilia, organ transplantation and rare diseases. Specialty pharmacies are accredited by an independent, third party nationally recognized accreditation organization ensuring consistent quality of extensive drug management and clinical patient care services.*