

THE ISSUE: Nursing homes cannot legally operate without long-term care (LTC) pharmacies, yet many LTC pharmacies are now at risk of closure.

- Upcoming Medicare Part D drug pricing changes will have unintended consequences on LTC pharmacies. Up to 60% of LTC pharmacies could be forced to close at least one location, cutting off critical medication access for millions of seniors.
- Federal law requires nursing homes use LTC pharmacies and their specialized care—like medication management, 24/7 support, emergency delivery, and care coordination. These critical services are provided by about 1,300 LTC pharmacies, reaching millions of residents in nursing homes, assisted living, and other long-term care settings nationwide.
- LTC pharmacies serve some of the nation's most vulnerable patients—primarily dual Medicare and Medicaid recipients who are seniors in nursing homes and assisted living—and rely on Medicare Part D for their medications and required services.

THE PROBLEM: Lowering prescription drug prices is a positive step for seniors. However, without safeguards, upcoming Medicare Part D pricing changes will unintentionally disrupt patient access to LTC pharmacy services.

- The Maximum Fair Price (MFP), established under the Inflation Reduction Act (IRA) Medicare Drug Price Negotiation Program, will create new financial pressure for LTC pharmacies—jeopardizing their ability to sustain operations and provide essential medications and services to seniors.
- LTC pharmacies already lose money on most prescriptions they fill (generics make up 90% of their volume) and on dispensing fees, so they rely on PBM reimbursement for brand-name drugs to sustain operations.
- Given 8 of the 10 drugs selected for drug price negotiations starting January 1, 2026 are brand name medications heavily used in LTC settings, many LTC pharmacies could be forced to reduce services or close—directly jeopardizing patient care in nursing homes, assisted living, and other long-term care settings.

THE SOLUTION: Congress must pass the *Preserving Patient Access to Long-Term Care Pharmacies Act (H.R. 5031)*.

- Introduced by Reps. Beth Van Duyne (R-TX) and Brad Schneider (D-IL), H.R. 5031 creates a two-year, targeted \$30 supplemental supply fee for Part D MFP drugs—effective in 2026 and 2027, exactly when LTC pharmacies will be under the most financial pressure—to ensure they remain operational during this critical period.
- This bipartisan “LTC Pharmacy Fix,” as it's being called, will ensure seniors maintain access to essential LTC pharmacy services and medications.
- Modeled after an existing Medicare Part B supply fee created when Part D was enacted, this solution is proven and easy to implement.
- The bill does not amend the IRA. It simply provides a narrow, practical adjustment to ensure patient access to LTC pharmacy services is protected when negotiated prices take effect.

Please cosponsor the *Preserving Patient Access to Long-Term Care Pharmacies Act (H.R. 5031)* to safeguard care for patients in nursing homes, assisted living, and other long-term care settings.

WHY LTC PHARMACIES MATTER: BY THE NUMBERS

200 million – annual number of Rx meds LTC pharmacies dispense to Part D patients
1,300 – number of LTC pharmacies serving 2 million residents in LTC facilities nationwide
13 – average number of Rx medications prescribed to patients in LTC settings
75% – percentage of LTC pharmacy revenues from Medicare Part D
\$15 – average COST for LTC pharmacy services to dispense one prescription
\$4 – average Part D Plan PAYMENT to LTC pharmacies to dispense one prescription