

The Worsening Impact of Medicare Drug Price Negotiations on LTC Pharmacies & Vulnerable Seniors

NEW REPORT SHOWS CONGRESS MUST PASS H.R. 5031 TO PREVENT LONG-TERM CARE CRISIS

A new analysis from **ATI Advisory** finds that the combined impact of actual 2026 Medicare Part D negotiated drug prices and expected 2027 prices through the Medicare Drug Price Negotiation Program will negatively impact access to prescription drugs and essential LTC pharmacy services for millions of seniors.

KEY FACTS & FINDINGS

Medicare Part D negotiated drug prices will force LTC pharmacies to dispense meds significantly below their own costs, threatening LTC pharmacy sustainability.

The report shows that the average LTC pharmacy could operate at a nearly 3% loss by 2027.

Applying new Medicare Part D negotiated prices on LTC pharmacies will result in **60%** of LTC pharmacies being forced to close.

Given their higher cost per script and current regulatory environment, it is necessary to adopt a \$30 supplemental supply fee on medications dispensed by LTC pharmacies.

The Need for H.R. 5031

Roughly two million seniors in long-term care depend on essential LTC pharmacy services that are not otherwise available. Unfortunately, unintended consequences arising from Medicare Part D negotiated drug prices threaten seniors' access to medicines.

Negotiated prices for the first 10 prescription drugs take effect on January 1, 2026 and 15 more will be added in 2027, drastically altering how LTC pharmacies are paid for their services and creating unsustainable financial challenges. H.R. 5031, the Preserving Patient Access to Long-Term Care Pharmacies Act, will create a targeted \$30 supply fee for drugs subject to negotiated prices. Passing the "LTC Pharmacy Fix" is the only way to prevent a looming long-term care crisis and preserve seniors' access to LTC pharmacies and the essential services they provide.

CONGRESS MUST PASS H.R. 5031, THE PRESERVING PATIENT ACCESS TO LONG-TERM CARE PHARMACIES ACT