

Every day, SCPC's 325 member long-term care (LTC) pharmacies serve one million people who need long-term care and services in skilled nursing facilities, assisted living facilities, and home and community-based settings in all 50 states. Their ability to provide the essential services these people need, regardless of setting, hinges on effective public policies that recognize the value of their services in improving outcomes, reducing health care costs, and allowing people to remain at home as long as possible.

#### Our top priorities include:

- Defining long-term care pharmacy in federal statute
- Reining in abusive practices by pharmacy benefit managers (PBMs) which threaten the financial viability of independent LTC pharmacies
- Assuring that LTC reimbursement recognizes the true cost of LTC pharmacy clinical and specialized services
- Ensuring that people who need LTC have access to LTC pharmacy services regardless of the setting in which they live

#### ■ Enact federal statutory definition of LTC pharmacy.

**PROBLEM:** Because there is no federal statutory definition of long-term care pharmacy, major conflicts often arise between regulatory requirements imposed by different agencies such as CMS, the EPA, and the FDA. These conflicting and confusing obligations operate to the detriment of LTC pharmacies and their patients. The lack of a statutory definition often translates into legislation that makes sense for retail pharmacies serving individuals in the community, but makes little sense for individuals who live in LTC facilities. The unintended consequences of this disconnect often have negative effects on LTC pharmacies and the patients they serve.

**SOLUTION:** Congress must pass legislation to define LTC pharmacy. This will modernize regulatory oversight of LTC pharmacies and minimize well-intentioned legislation that inadvertently harms individuals who need LTC and the LTC pharmacies that serve them.

#### ■ Constrain Pharmacy Benefit Manager (PBM) abuses to protect independent LTC pharmacies and the patients they serve.

**PROBLEM:** PBMs regularly engage in predatory business practices including charging opaque and unjustified fees, exploiting market-dominant positions as part of monopolistic health care conglomerates, and affording preferential treatment to affiliated pharmacies, to the detriment of independent LTC pharmacies and the patients they serve.

**SOLUTION:** Congress must investigate PBM practices, enact legislation to require full PBM transparency, and adopt other legislative measures to hold PBMs accountable.

#### ■ Assure appropriate payment for LTC pharmacy services.

**PROBLEM:** Federal payment programs, including Medicare, Medicaid, TRICARE, and FEHBP, do not recognize the value of cost of LTC pharmacy clinical and specialized services, which improve patient outcomes and reduce overall healthcare costs.

**SOLUTION:** Congress should revamp federal payment programs to adequately recognize the value and cost of LTC pharmacy services.

#### ■ Afford access to LTC pharmacy services regardless of setting.

**PROBLEM:** LTC pharmacy services improve outcomes and reduce overall health care costs for individuals who need LTC, most of whom live at home or in community-based settings. While federal law requires these services for residents in federally defined LTC facilities, it does not do so for those who live at home or in community-based settings. The result is poorer outcomes, higher health care costs, and fewer people able to remain in their homes, despite LTC needs.

**SOLUTION:** Congress should adopt policies to afford access to LTC pharmacy services for individuals who need LTC regardless of setting and should assure that LTC pharmacies receive adequate payment for those services from government funding payment programs. ■