

Louisiana Independent Pharmacies Association

What's New and What to Watch

LIPA Newsletter:

Bringing you the latest news and information concerning independent pharmacies and the profession at-large....



Members,

LEGISLATIVE UPDATE

Only six days remain until legislators must adjourn the 2021 Regular Legislative Session no later than 6:00 p.m. on Thursday, June 10th. [Fifty-one bills](#) have been signed by the governor as of this writing. Many others have been sent to the governor for approval, including the budget, [House Bill 1](#), and [HB391](#), which would allow for smokable medical marijuana. Many other bills will be sent to the governor soon, including [HB199](#) by [Speaker Schexnayder](#).

HB199 provides for the State and Local Streamlined Sales and Use Tax Commission, which will begin the centralized collection of state sales taxes if approved by the voters on October 9, 2021 ([The Advocate](#)). Additional tax reforms are still being negotiated, but a permanent extension of a 0.45% sales tax that would be dedicated to roads and infrastructure is garnering attention. The bill, [HB514](#), requires a two-thirds vote from each chamber, which will be a difficult vote for many ([The Advocate](#)).

[HB244](#) by Rep. Turner, which regulates pharmacy services administrative organizations, was signed by the Speaker of the House, the President of the Senate, and sent to the governor earlier this week. We are encouraging Gov. Edwards to sign HB244 as it will bring needed oversight and regulation to a part of the prescription delivery chain that currently is in need of full transparency.

Along with Sen. Mills, LIPA made the difficult decision to pause action on [SB218](#). During testimony last week, the bill was voluntarily deferred for a week so all interested parties could attempt to find a resolution. Though significant changes were made to the bill in committee that week, there was a substantial amount of confusion about the impacts of the bill, and it became clear that more education was needed to ensure a good bill passed out of the House Insurance committee. Paired with a compressed calendar and harmful amendments that were both adopted and proposed, we chose to pause action on SB218 for several reasons.

On May 20th, the Board of Pharmacy finally promulgated its rule requiring PBMs to be permitted by the Board. They must submit an application by August 1, 2021 if they engage in any of the following activities: (1) adjudication of appeals or grievances related to prescription drug coverage. (2) disease management programs. (3) drug formularies. (4) drug regimen reviews. (5) prescription drug management programs. (6) processing of prior authorization requests. (7) quality care dosing services. (8) step therapy procedures. (9) utilization management and utilization reviews. (10) any other act, service, operation, or transaction incidental to or forming a part of the compounding, filling, dispensing, exchanging, giving, offering for sale, or selling drugs, medicines, poisons, or devices in this state by pharmacists or pharmacies, pursuant to a prescription or an order of physicians, dentists, veterinarians, or other licensed practitioners, requiring, involving, or employing the science or art of any branch of the pharmacy profession, study, or training. (See the Rule here: [Louisiana Register \(Page 590\)](#)).

The level of education required is the other reason we chose to pause action on SB218. Because many members of the Legislature are learning about pharmacy payment model, PBMs, PSAOs, AWP, WAC, GER, BER, AMP, etc. for the first time this Session, we spoke to the Health and Welfare committee and the Insurance committee about hosting a series of hearings later this year and into next year.

In addition to educating legislators, these hearings will allow LIPA to invite members of our federal delegation, informative advisers we work with on a regular basis, and other interested parties for a broad discussion on the business of pharmacy and the prescription drug payment model. We plan to address the issues you see daily behind the counter, transparency issues with PBMs and PSAOs, the accuracy of information employers get from their pharmacy benefit providers, and most importantly how this impacts a patients access to prescription drugs and that availability. While the hearings will not address a particular piece of legislation our discussions will not be limited to proposed language but will allow us to discuss this patient access in a manner that DIR fees, spread pricing, and full transparency can be delved into.

We look forward to developing the topics and agendas more fully over the coming weeks, but please share any points you would like to discuss with LIPA. We'll provide more information in the future, but in the meantime, we thank Sen. Mills for his leadership and continued work on behalf of independent community pharmacies in Louisiana.

We also appreciate the time you spend away from your patients to discuss the issues we face at the Capitol, which does not go unnoticed by legislators. You continue to be the most trusted and accessible healthcare provider in your community, so legislators need your help to understand pharmacy and the other issues you face as small businesses in Louisiana. Thank you for your continued dedication and for taking the time to talk with legislators and visit the Capitol.

LOUISIANA'S VACCINE OUTLOOK

The **New York Times** published a [story](#) on June 3rd that included the most recent state-level data on the number of adults having received at least one vaccine dose for COVID-19 by July 4th (the deadline the White House has set for 70% of adults to have gotten a dose) and projections for how long it will take each state to reach the 70% threshold at their current pace. Currently Louisiana is pulling up the rear and third to last ahead of only Mississippi and Alabama with 46% of adults having received at least one dose of vaccine. At the current pace of vaccines in Louisiana—109 vaccines per 100,000 adults—it would take approximately 7 months for Louisiana to hit the 70% threshold.

Dr. Joseph Kanter, Louisiana's State Health Officer is quoted as saying (in mid-May) *"We've got a significant percentage of Louisiana that has initiated, but it's not herd immunity [70% minimum], It's nowhere close to it. It's not insignificant, but it's not herd immunity,"* he added. *"So we're very cognizant of that, and we feel great urgency with the vaccine campaign."*

The NYT story points out the wide variance in Louisiana at the parish level. Do you know the vaccine take up rate in your parish—or census track(s) of your trade area? **LDH updates [vaccine data](#) down to the Census Track level each Monday and Thursday that you can use to track the impact of your outreach efforts.**

The Advocate reported on the COVID-19 vaccine misinformation in Louisiana legislative testimony earlier this week.

STATE ANNOUNCES FIRST COVID-19 VACCINE INCENTIVE



This week, Louisiana launched its new "Bring Back Summer" initiative and announced that anyone who has gotten the COVID-19 vaccine can get free entry to any of our state's 21 State Parks through July 31, regardless of where they received the vaccine. The press release from the Officer of the Governor indicated there will be "more fun rewards in the near future." You can go to the LDH Vaccine Incentives webpage for a graphic that can be used for a flyer to post in your pharmacy and/or use in your social media.

The Advocate [quoted](#) the Governor as saying this will not be the first incentive, hinting at a possible lottery such as the one in Ohio that has seen vaccine rates increase by 33%. In addition, the state will be releasing soon the list of bars and restaurants offering a free drink to folks who received the vaccine in the previous seven days.

KUDOS TO MORRIS & DICKSON

Morris & Dickson was recognized and commended by the Louisiana legislature ([House Resolution No. 56](#)) this week for their role in assisting the State in pharmaceutical distribution in times of emergency—most recently their work in COVID-19 response, including vaccine distribution. Many of our members have received—and continue to receive—operational and logistical support from M&D for COVID-19 vaccines (along with regular pharmaceuticals). The LIPA Team worked closely with M&D's COVID-19 Logistics Team in distribution of vaccine to independent pharmacies and can attest to their responsiveness and the vital role they played—and continue to play—in supporting to the State during the pandemic. Congratulations!

DISCUSSION OF MEDIMPACT CONTRACT AT JLCB MEETING TODAY

At today's meeting of the [Joint Legislative Committee on the Budget](#) (JLCB), which consists of both Senate Finance and House Appropriations committees, Item # 4 on the agenda was “an update on the emergency contract for [OGB] pharmacy benefit manager services.” DOA Commissioner Jay Dardenne advised that MedImpact had notified OGB on February 24th that they would **not** be able to meet the \$197M in guaranteed rebates under their one-year emergency PBM contract with the state and used “obscure language in two or three sentences on Page 146.” Instead, the actual amount of guaranteed rebates would be \$108M, resulting in an \$89M deficit in OGB's projected fund balance over a year.

Commissioner Dardenne revealed that as a result, the State had been working to terminate the MedImpact contract and enter an emergency contract with CVS for the remainder of the year but the earliest begin date for a new emergency contract that CVS could commit to was September 1. Late on Thursday, June 3rd, OGB was able to reach an agreement with MedImpact to continue PBM services for the remainder of 2021 with the loss to the state in the \$30M range (rather than \$89M) through use of an “aggregator.” The Commissioner testified that they believe this to be in the best interest of the state rather than entering a new emergency contract prior to the end of the year.

Key takeaways:

- A hearing is scheduled in the 19th Judicial District in June on MedImpact's appeal of the three-year PBM contract award to CVS. Commissioner Dardenne stated he does not know whether it will be dispositive and even if so, judicial appeals may extend beyond December 31, 2021.
- **OGB is currently working on an RFP for an emergency contract for PBM services January 1, 2022 and beyond** and their intent is to make possible for any interested PBM—including Louisiana-based—to compete. (The language used by MedImpact to reduce rebates has already been deleted).
- Commissioner Dardenne referenced [Senate Bill 180](#), which has passed both the House and Senate and is anticipated to become law August 1st and would allow for use of reverse auction negotiations by the OGB in procurement of a PBM. He stated that it is certainly an option being considered [he noted the Bill does not mandate the use of a reverse auction].
- “Guaranteed rebates” from PBM to plan sponsors (in this case the plan sponsor is the State and taxpayers) are a highly complex area with different rebate arrangements or models (fixed model, pass-through model).

LIPA has worked to bring transparency to processes involving state contracts so that Departments and agencies cannot take unilateral action to obligate state dollars for years in bad contracts. Any amendment to OGB's contract of \$1M or greater requires the approval of both the Senate Finance and House Appropriations Committees while a new PBM contract requires approval by JLBC. We shall discuss this matter more in the coming weeks.

PRACTICAL ADVICE ON MINIMUM DOCUMENTATION FOR OPIOID DISPENSING

One of the topics covered in the CPE on opioid dispensing and corresponding responsibility jointly sponsored by LIPA and LDH was the importance of **documentation**. You may have heard the saying “*if you didn't write it down, it didn't happen.*” From DEA hearing decisions we have read, the absence of documentation is a major issue . . . and oral testimony based on memory is given far less credence. So, what does “good” documentation look like? Dr. Seals' list includes the following:

- Acute or Chronic Pain; ICD-10 codes
- PMP, [NarxCare Score](#) [Advice for both is they should trigger *discussions*, not *decisions*]
- Opioid fill history
- Concurrent Administration

- Countermeasure offering, why and frequency
- MD call notes/outcomes [*contact recommended for MME 50 or greater*]
- Dosage adjustment, if necessary
- Patient response, post discussion [What did they patient say?]

Here is a link to the [slides](#) used by pharmacist Natasha Seals, PharmD for the training.

DO YOU HAVE COMMENTS FOR LDH PHARMACY BENEFIT IN MEDICAID MANAGED CARE??

In advance of issuing an RFP later this summer to begin the process of selecting MCOs to continue managing services for Louisiana’s more than 1.8 million Medicaid enrollees, the Department is currently offering stakeholders the opportunity to provide feedback they may have relative to non-emergency medical transportation and **pharmacy benefit**. Specifically, they are soliciting “input from the public about the key factors that must be considered when **improving these models**. [emphasis added].” The deadline for providing feedback is June 21st and comments can be submitted by completing the online form found [here](#). The simple pharmacy question is open-ended: ***If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?*** This is your chance to have your voice heard. LDH will be making decisions that may—or may not—result in substantial changes, depending on those decisions.

In the NEWS:

Why drug-discount programs aren't always a good deal

[Axios 05/26/2021](#)

Buying prescription drugs through GoodRx, Amazon and other alternative avenues does not guarantee patients are getting a good deal.

The big picture: More people are purchasing their drugs with cash instead of using their health insurance, in large part because they are getting sizable discounts. But discounted prices often still have no relation to a drug's actual cost.

How it works: The amount people pay out of pocket for their medication is tied to [secretive contracts](#) among pharmacy benefit managers, health insurers, distributors, pharmaceutical companies, pharmacies and other entities.

- When people decide to use discount programs like GoodRx (now a [publicly traded company](#)) or go to cash-only pharmacies, they are no longer using their insurance — and thus any amount they pay doesn't go toward deductibles and out-of-pocket limits.
- People do this because those discounted prices [still could be lower](#) than if they were using insurance.

Yes, but: Generic versions of the HIV pill Truvada have significantly brought down the drug's price, but not for everyone, according to [new research](#) from analysts at drug-pricing firm 46brooklyn.

Smokable Medical Cannabis Bill Approved by Louisiana Senate

[Cannabis Dispensary 06/01/2021](#)

Louisiana medical cannabis patients may soon have access to smokable cannabis products, as the state legislature passed a bill May 27 to expand the program's eligible product list.

This move follows the state taking a step toward decriminalizing cannabis and legalizing it for adult use after the House advanced three additional cannabis reforms in early May.

[RELATED: Several Cannabis Reforms Advance in Louisiana, Including a Decriminalization Bill](#)

Under the current legislation, medical cannabis patients cannot access whole-plant flower, and smoking is prohibited; however, patients can vaporize cannabis preparations using a “metered-dose inhaler.” A “meter-dose inhaler” is a device that is typically self-administered by the patient and delivers a specific amount of medication to the lungs, according to the [bill text](#).

The new measure would permit physicians to recommend medical cannabis to patients in raw or crude form (or flower) and limit dispensing of certain forms of medical cannabis. It would also establish medical cannabis rules and regulations for the Louisiana Board of Pharmacy, the bill text states. The Senate passed the measure, House Bill 391, in a 23 to 14 vote.

Under the new legislation, pharmacies can dispense up to two and a half ounces of raw or crude cannabis every 14 days for therapeutic use to patients 21 years and older.

Rep. Tanner Magee, who sponsored the bill, argued that Louisiana lawmakers must keep up with surrounding states legalizing smokable medical cannabis, or the program will be rendered obsolete, [The Advocate](#) reported.

According to [The Advocate](#), the Senate made technical changes to the measure, and it now heads back to the House to approve the changes. Once approved, the bill will advance to Democrat Gov. John Bel Edwards for his signature. If passed, the measure will go into effect on Jan. 1, 2022.

Governor Edwards announces some perks for residents who vaccinate

[KATC 06/03/2021](#)

Governor Edwards announces a few incentives for those getting vaccinated in the state.

Edwards began his update with sharing the story of Carla Brown who has vaccinated nearly 1,000 people against COVID-19.

Brown, who is a nurse says that she began her work after the death of her husband David who passed away after contracting COVID-19. Brown says that he got COVID from her work as a nurse.

Following his death, Carla began the work of educating and working with the public on the COVID-19 vaccines. Working with a pharmacy in Baton Rouge, she began knocking on doors and registering people to receive the vaccine and then returning to provide the vaccine.

"There is no excuse that the vaccine is not available," Brown said. "Our goal is to have 2,000 people inoculated before the 4th of July. We still need you to save your love one lives. Please get the vaccine."

Edwards says that Carla was asked to speak to Louisianans several weeks ago but her work with vaccine distribution did not allow her the time until Thursday. He says that there is plenty of vaccine available in the state now for residents who are in need of a vaccination against COVID-19.

FACT SHEET: President Biden to Announce National Month of Action to Mobilize an All-of-America Sprint to Get More People Vaccinated by July 4th

[The White House 06/03/2021](#)

Today, President Biden will announce a National Month of Action to mobilize an all-of-America sprint to get 70% of U.S. adults at least one shot by July 4th, so that more people can get the protection they need to be safe from a pandemic that has taken the lives of nearly 600,000 Americans.

Throughout the month, national organizations, local government leaders, community-based and faith-based partners, businesses, employers, social media influencers, celebrities, athletes, colleges, young people, and thousands of volunteers across the nation will work together to get their communities vaccinated.

Today, the President will announce actions that will make it even easier to get vaccinated, mobilize the country around vaccine outreach and education efforts, and incentivize vaccination. Additionally, organizations and businesses from across the country continue to step up and respond to the President's call to action.

Thanks to the President's whole-of-government response, the U.S. has made significant progress in its fight against the pandemic since the President took office less than 5 months ago. Already, 63% of adult Americans have gotten vaccinated, including 73% of Americans age 40 and over, and COVID-19 cases and deaths have plummeted as a result – cases are down over 90% and deaths are down over 85% since January 20th.