

# 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,

Legislators moved several important items during the second week of the Legislative Session. Bills that would revamp the tax code passed through the [Senate](#) and [House](#), a [bill](#) mandating kindergarten passed its first hurdle, and a [bill](#) allowing smokable medical marijuana passed the House of Representatives. As we move into the third week of this sixty-day session, legislators are already worried about the calendar. We expect a significant number of major bills to be heard next week, including two bills that are heavily supported by LIPA and its community pharmacy members.

[Senate Bill 218](#) by [Sen. Mills](#) (R-Parks) provides relative to the payment of pharmacy claims and updates several provisions of [Acts 2019, No. 124](#). SB218 heavily amends audit procedures; prohibits direct or indirect remuneration fees, effective rate prices, or any other reduction or aggregate reduction of a payment; requires a pharmacy to be reimbursed no less than the PBM bill to a health plan for the claim; prohibits spread pricing; establishes a fiduciary duty for PBMs; and prohibits untrue, deceptive, or misleading advertisements, promotions, or solicitations.

**SB218 is scheduled in Senate Health and Welfare on Tuesday, April 26th.** LIPA met with the Department of Insurance to discuss SB218 and received minor amendments. We're also expecting amendments from several other interested parties ahead of the committee meeting.

[House Bill 244](#) by [Rep. Turner](#) (R-Ruston) provides for the regulation of pharmacy services administrative organizations (PSAOs) by the Department of Insurance. This legislation will allow the commissioner to properly regulate PSAOs and some of their concerning activities. HB244 does the following:

- Requires PSAOs to be licensed as Third-Party Administrators by the Department of Insurance before January 1, 2022;
- Subjects PSAOs to [R.S. 40:2870](#) regarding prohibited acts of PBMs, and the Unfair Trade Practices Act;
- Requires PSAOs to release full and unredacted copies of all contracts;
- Requires PSAOs to remit all reimbursements within a reasonable amount of time; and
- Prohibits them from retaining any portion of dispensing, direct or indirect remuneration, taxes, and any other fee owed to the pharmacy.

**HB244 is scheduled in House Insurance on [Wednesday, April 27th at 9:30 a.m.](#)** We are continuing to work with stakeholders and others that are supportive of the legislation.

**It is important that LIPA members begin contacting senators and representatives** to express your opinions on SB218 and HB244, ([Find Your Legislator Here](#)), because you are the most accessible healthcare provider in your community. Legislators trust your opinions and need your support.

Members are always welcomed at the Capitol during committee testimony, but because of the work our members pharmacies are doing with the vaccine in addition to the day-to-day work, LIPA only asks that you take a few minutes to speak to your legislators or members of the [House Insurance](#) committee and the [Senate Health and Welfare Committee](#). LIPA will continue to provide updates, but please contact the office for additional information.

## What Is Priority—Getting People Immunized . . . or Avoiding Vaccine Loss?

With the reduction you are seeing in demand for the vaccine, here is a [link](#) to important guidance in which LDH states that they would “**rather see**” someone get the vaccine—even if it is only one or two persons from a vial of COVID vaccine—than avoid vaccine loss. The question—asked by an independent pharmacist—and LDH response begin at ~44:00 of the YouTube video and goes to ~ 45:45.

We know that our pharmacies have taken pride in “going the extra” mile to avoid vaccine loss when vaccine was a scarce commodity. That is no longer the case. In fact, the Associated Press [reported](#) this morning that Louisiana did not accept all of the vaccine that was available to them the past week.

Note that while for vaccine ordered through the Louisiana Immunization Program, the [Vaccine Transfer Report](#) needs to be completed and mailed to New Orleans along with the vial(s) of expired vaccine (can be regular US mail), LDH said they do **not** want any vaccine already drawn up in syringes –or anything “leaky” mailed. Just note it in the comments of the Vaccine Transfer Report form and fax or mail it to the Immunization Program.

## NEW Resources to Provide Onsite Vaccines at Worksites

For members who are COVID vaccine providers: Have you been approached—or have you approached employers in your community about providing onsite COVID-19 vaccines for their **employees**? With President Biden calling on all employers this week to give their employees [paid time off](#) to get the vaccine, employers may see offering onsite vaccines in the workplace as a way to eliminate the disruption and cost of offering paid leave to get the vaccine.

LIPA has adapted the **COVID-19 Vaccine Services Agreement** template that we developed for on-site vaccines of residents/and or employees in nursing homes and other congregate settings for use **worksites**. You can download it at this [link](#). The file is in Word so that you can customize it.

Additional templates and forms to support vaccines offsite are linked below:

- [LIPA Onsite Vaccine Registration Template](#) Excel template for demographic information of each person being scheduled to get vaccine so the LINKS can be checked to confirm person has not been fully immunized.
- [COVID Vaccine Information/Screening Form](#) which was recently updated.

## 16 & 17 Year Olds Needing Pfizer Vaccine

At this point, only Pfizer vaccine is authorized for 16- and 17-year-olds. Here are two resources for locating a site with Pfizer vaccine to make referrals:

- LDH’s [COVID-19 Vaccine Location](#)s webpage has a list of locations getting vaccine through either the state Immunization Program (ordered in LINKS the previous week) **or** the Federal Retail Pharmacy Partnership [here](#). *Locations who received Pfizer vaccine have a double asterisk (\*\*) next to the location name.* If you did not place an order for vaccine the previous week, your location name could “roll off” this list.
- **VaccineFinder** is the federal database operated by the CDC to assist in the public in locating vaccines. Users can enter a zip code [here](#) and narrow their Search to Pfizer vaccine only by “unchecking” the other two boxes. The reply shows which provider locations have vaccine—and which kind of vaccine—in stock. For vaccine ordered through the state, information is updated daily based on LINKS inventory.

## Are You Willing to Accept Vaccine Transferred from Another Location?

Before placing an order in LINKS for vaccine that you anticipate using right away—or if you are having issues with placing an order in LINKS or getting it approved—an option is to check and see whether vaccine is available for transfer from another location within your Region (or adjacent Region) that could be delivered to you to administer before the Use By Date. LIPA has helped to arrange several such transfers at the request of OPH Regional Medical Directors over the past couple of weeks and will continue to do so. **A big “thank you” to LIPA member pharmacies who have helped to make it possible to push out vaccine before the Use By Date.** You can contact our COVID-19 Vaccine Coordinator Ruth Kennedy for more information [kennedy@lipa.org](mailto:kennedy@lipa.org) or call/texts to 225-241-1437.

## Looking for More Resources on Vaccine Billing for Uninsured?

It seems that the feds have gotten the message that vaccine billing through HRSA for the uninsured is “not for the faint of heart!” This week, they released lot of new resources to assist vaccine providers in navigating the process:

The **Health Resources & Services Administration (HRSA) COVID-19 Uninsured Program**, a voluntary federal program that reimburses providers for vaccine administration fees associated with uninsured individuals, as well as COVID-19 related testing and treatment for uninsured individuals, regardless of their immigration status.

### Webcast Presentation Slides

For folks who missed the webcast, or who’d like to review the presentation again, here are links to a recording and the presentation slides:

- [View the webcast](#)
- [Download the slides](#)

### New Fact Sheets

**HRSA has also created fact sheets to help providers and patients better understand the Uninsured Program, highlighting eligibility requirements, how to submit eligible claims for reimbursement and attest to the Terms and Conditions.**

- Provider Fact Sheet: What Providers Need to Know About COVID-19 Vaccine Fees and Reimbursements
  - [English](#)
- Patient Fact Sheet: HRSA COVID-19 Uninsured Program Fact Sheet
  - [English](#)
  - [Español](#)

### More about the Program

**For more information, contact the Uninsured Program’s Provider Support Line at 866-569-3522** or TTY dial 711 or visit [coviduninsuredclaim.linkhealth.com](https://coviduninsuredclaim.linkhealth.com). You can also view [Frequently Asked Questions](#) about the Uninsured Program.

# ***In the NEWS:***

## **Walgreens Allegedly Vaccinated People with Saline Solution Instead of a COVID-19 Vaccine**

**Interesting Engineering 04/20/2021**

When medical mix-ups happen, you have a good reason to panic. Will you suffer terrible side effects? Will your body reject the unknown medicine? Will your foot fall off?

Alright, so maybe that last one is a little off the charts, but your mind veers off to rocky places when something's injected into our body that's not meant to be there.

Perhaps these questions ping-ponged around the brains of the 22 people who were allegedly injected with saline solution instead of a COVID-19 vaccine. The mistake happened at a Walgreens pharmacy in Monroe, North Carolina in late March, as a slew of local news reports, [like WCCB, stated](#).

The fact-checking website [Snopes did its regular checks](#) and concluded the news was true. Walgreens has not published an official statement yet, but one of the pharmacy chain's spokespersons confirmed to Snopes that 22 people were part of the blunder, all of whom were later contacted and called back to the Walgreens in question to receive their proper Pfizer COVID-19 vaccine dose.

## **Pharmacists blame middlemen for high drug costs**

**Common Wealth 04/22/2021**

AMID [growing attention](#) being paid in Massachusetts to the high cost of prescription drugs, independent pharmacists are pointing a finger at a little-known culprit: the middlemen who mediate between drug manufacturers, insurers, and pharmacies.

The independent pharmacists released a study Thursday arguing that a particular pricing practice used by pharmacy benefit managers, or PBMs, is unnecessarily driving up the cost of drugs by giving more money to the PBMs and less to the pharmacists, who have to cover the costs of dispensing the drug and counseling patients.

"It's a very complicated system and a very perverse business model," said Todd Brown, executive director of the Massachusetts Independent Pharmacists Association. "The business model for independent pharmacies is they don't control the cost of the drug and they don't control what they get paid by the insurance company."

The question revolves around a practice called spread pricing, where the PBM charges insurers a set price for a drug, then pays the pharmacy a lower price and pockets the difference.

## **Louisiana young adults fall behind on getting vaccinated for COVID-19**

**BR Proud 04/22/2021**

According to the Louisiana Department of Health, only seven percent of people from the ages of 18 to 29 are fully vaccinated for the coronavirus.

Since the start of the pandemic these young adults account for the vast majority of positive Covid-19 cases.

LSU incoming freshman Alyssa Carbo says her family is vaccinated, but she does not have the time.

"I haven't gotten it, but I plan to. I have a lot going on with sports and school and I don't want to risk getting sick," Carbo said.

When everyone 16 years and older became eligible for the vaccine Brown's Pharmacy hired more staff, however the challenge now is to convey more young adults to get vaccinated.

On Thursday the Pharmacy vaccinated only three young adults out of 22 scheduled vaccines.

"It's crucial for everybody to get vaccinated but particularly the younger population because that's the population that tends to be more social, going out with their friends, going to dinners," Jennifer Monette, pharmacist said.

One of their young adult vaccine recipients says her age group is still distracted by vaccine misinformation found online.

## **New Legislation Aims to Expand Access to Pharmacist Care in Underserved Areas**

[Drug Topics 04/22/2021](#)

Today, the American Pharmacists Association (APhA) and the American Society of Health-System Pharmacists (ASHP) released joint support statement for the introduction of a bill aimed at increasing access to critical primary health care services for medically underserved communities.

The new legislation, named the Pharmacy and Medically Underserved Area Enhancement Act, would empower pharmacists to offer Medicare Part B services already authorized in their states of practice.

“The legislation does not expand scope of practice but brings Medicare rules in alignment with existing authorities granted to pharmacists by many states and health care organizations through credentialing and privileging programs,” according to the news release.

The services involved in the legislation include:

1. medication management;
2. management of chronic conditions, such as diabetes, hypertension, and other related conditions;
3. cholesterol testing;
4. point-of-care (POC) testing for COVID-19, influenza, strep, and others;
5. immunization screening and administration not currently covered by Medicare Part B and D;
6. tobacco cessation services; and
7. transition of care services.

Rep. GK Butterfield (D-NC) and Rep. David McKinley (R-WV) introduced the bill, citing the many challenges in receiving medical care for individuals in underserved areas within their respective jurisdictions in North Carolina and West Virginia.

“Pharmacists can provide wellness testing, help manage chronic disease, and administer immunizations,” said Rep. Butterfield. “The COVID-19 pandemic has highlighted how accessible pharmacists are and how they can be leveraged to improve the health of communities. Pharmacists in eastern North Carolina are helping people to live longer, healthier, and more fulfilling lives. But providing those services doesn’t come without a cost. I am proud to join my colleagues on this bipartisan measure that will ensure our pharmacists are appropriately reimbursed and can continue to provide care to those in need.”

## **Report: Taxpayers left to pay hefty charges to MassHealth by pharmacy benefit managers**

[Boston Herald 04/22/2021](#)

A new report claims that Massachusetts taxpayers are footing the bill for \$25 million in inflated charges to the state’s Medicaid program by pharmacy benefit managers and the insurers that hire them.

The report, commissioned by the Massachusetts Independent Pharmacists Association, examined pharmacy reimbursement trends and claims a lack of oversight of PBMs has enabled them to continue to hit the state, its residents and its businesses, despite recommendations from Massachusetts’ Health Policy Commission in 2019 that the state ensure PBM pricing strategies are not used to inflate profits.

“For years we have known the nefarious practices by PBMs — and insurers who allow this practice to continue — has cost residents tens of millions of dollars in unnecessary taxes, as well as inflated costs for individuals and businesses,” said Todd Brown, executive director of the Massachusetts Independent Pharmacists Association.

The report, authored by 3 Axis Advisors LLC, claims that pharmacy benefit managers are charging insurers sometimes upwards of 100% more than the recommended cost of prescriptions. This “spread pricing” serves only to increase PBM profits, the report said, and that cost gets passed along to taxpayers.

## **COMMUNITY PHARMACISTS URGE REFORM DURING VIRTUAL FLY-IN**

**[HME New 04/22/2021](#)**

More than 300 community pharmacists participated in the National Community Pharmacists Association's 2021 Congressional Pharmacy Fly-In, which was held virtually April 19-21. In visits with more than 250 Congressional offices, participants highlighted the contributions of independent pharmacies in the community's fight against the coronavirus. They also urged Congress to finalize full pharmacy DIR fee reform that prohibits DIR clawbacks and standardizes pharmacy quality metrics; prohibit spread pricing (when a PBM charges a payer more than it reimburses a pharmacy for a drug, and keeps the difference) in Medicaid managed care; address pharmacy access issues including PBM conflicts of interest and patient steering; and ensure Medicare payment for enhanced pharmacist services such as testing and vaccines. "Small business neighborhood pharmacies have been essential for their communities during the darkest days of the pandemic, and now they are saving America, one person at a time, as COVID-19 vaccinators," said NCPA CEO B. Douglas Hoey, pharmacist, MBA. "More has been added to their plate and though they are rising to the occasion, broader industry pressures remain in place too, and many pharmacies are hanging on by a thread. We're asking that policymakers be there for their local pharmacies in return and provide relief, or the pharmacies may not be here the next time citizens need their services."

### **US drop in vaccine demand has some places turning down doses**

**[NBC 12 04/23/2021](#)**

Louisiana has stopped asking the federal government for its full allotment of COVID-19 vaccine. About three-quarters of Kansas counties have turned down new shipments of the vaccine at least once over the past month. And in Mississippi, officials asked the federal government to ship vials in smaller packages so they don't go to waste.

As the supply of coronavirus vaccine doses in the U.S. outpaces demand, some places around the country are finding there's such little interest in the shots, they need to turn down shipments.

"It is kind of stalling. Some people just don't want it," said Stacey Hileman, a nurse with the health department in rural Kansas' Decatur County, where less than a third of the county's 2,900 residents have received at least one vaccine dose.

The dwindling demand for vaccines illustrates the challenge that the U.S. faces in trying to conquer the pandemic while at the same time dealing with the optics of tens of thousands of doses sitting on shelves when countries like India and Brazil are in the midst of full-blown medical emergencies.

More than half of American adults have received at least one vaccine dose, and President Joe Biden this week celebrated eclipsing 200 million doses administered in his first 100 days in office. He also acknowledged entering a new phase to bolster outreach and overcome hesitancy.