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- CAPITAL ONE
- H D SMITH
- NATURE'S TRUTH
- RETURN SOLUTIONS



## The Future is Now

By: David Benoit

Pharmacies have long been engaged in providing prescription medications to patients. Over time, the pills in a bottle have become the objective of the financial transaction. Many pharmacies and pharmacy organizations have been dazed into participation in the downward spiral of decreasing reimbursements. At this time, the pills in a bottle are a commodity. The PBMs aren't going to roll back reimbursements to a kinder, gentler time.

This brings into sharp relief recollections of times when the patient was important to everyone, and healthy margins were normal. In fact, for independent pharmacies the patient continues to remain central to their business. They don't fill prescriptions; they care for patients. And many patients value services, such as:

- ◆ **Clinical Medication Synchronization:** Timing a patient's routine refills with a pharmacist's clinical disease state management and monitoring to progress toward desired therapeutic goals.
- ◆ **Adherence Packaging:** Assisting the patient with a system to help organize medications, take them at the correct time of day and improve patient compliance.
- ◆ **Immunizations:** Screening patients for ACIP recommended immuniza-

tions, educating patients about needed immunizations, and providing immunizations or referring to other health care providers.

◆ **Complete Medication Reviews with Chronic Care Management:**

Providing ongoing evaluation of a patient's chronic disease states, collaborating with other health care providers to ensure safe and effective medication use. Completing CMRs, TIPs, and MTMs for Medicare D Plans. Helping patients to

avoid medication errors and undesirable medication effects as they move through various care settings in the health care system.

◆ **Personal Medication Records:** It is a simple service that patients appreciate. Yet, only a few pharmacies actually provide.

◆ **5-Star Performance:** Pharmacies that achieve the high levels of adherence, completion of all Comprehensive Medication reviews, and high statin use in Diabetics. The value of these pharmacies is measurably higher than the average retail pharmacy.

◆ **Home Delivery:** Pharmacy-provided delivery service.

◆ **Naloxone Rescue:** Pharmacies that take an active role in the opioid crisis in their community.

Does this sound a lot like your pharmacy?

Community Pharmacies are starting to form local groups of these high-



*“The Future is Now” continued from pg. 1*

performing, value-producing pharmacies. The groups manage themselves locally or regionally. They become clinically integrated to provide consistent and higher quality services. There is no PBM. The groups operate businesses that are 100% transparent. They work with health plans and other health professionals to resolve concerns with patients’ medications.

Across the country, they are starting to work with payers to identify costly problems that can be resolved by organizing one or more of these pharmacy services. They get paid to partner in caring for patients and creating value that the plan can measure.

What are these groups? And how are they organized? NPSC has been working with high performing pharmacies in Massachusetts who started forming their own chapter eighteen months or so ago. Chapters are beginning to come to life in Connecticut, Rhode Island, and New Hampshire. These local chapters are all bound

together under the national umbrella of CPESN® (CPESN USA, LLC). Once formed, they can begin talking to plans about the expensive problems they can identify that pharmacists can fix.

NPSC is hosting an informational and recruitment luncheon in Connecticut. Joe Moose, owner of Moose Pharmacy and an extraordinarily high performing pharmacist will be our guest speaker. Joe is also the Director of Strategy for CPESN USA, which is strongly supported by NCPA. If you are a high performing pharmacy owner who wants to cross the bridge into the future, you are invited to join us:

**CPESN LUNCHEON**

June 6, 2018 at 12:00PM

Sheraton South Hotel, 100 Capitol Blvd,  
Rocky Hill, CT

Please **FAX ASAP** to Valerie at 508-875-6108  
or email [valerie@northeastpharmacy.com](mailto:valerie@northeastpharmacy.com).  
Space is limited. Please include names of  
**ALL** attendees.



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Danbury Pharmacy, Danbury, CT

Nostrum Rx Pharmacy, Newington, CT

van Eeghen’s Pharmacy, Cranston, RI

**TUESDAYS AT 10**

Argosy Group offers the NPSC network FREE monthly webinars with the best in DME information! It will be the best 30 minutes you spend all day!

**Next Webinar**

Date: June 12, 2018 Time: 11:00 EST

Topic: Quality Improvement Meets Accreditation Requirements

Register: [www.northeastpharmacy.com](http://www.northeastpharmacy.com)

## NPSC SPOTLIGHT VENDOR: Berry Global



### Vials & Prescription Packaging

Berry manufactures a complete line of primary packaging solutions for the proper dispensing of medications. We offer a full range of retail pharmacy packaging products, from prescription bottles for liquid applications to prescription vials, closures, ointment jars, and dropper bottles. And ask about our free custom cap imprinting on Friendly & Safe® and PerfectPAK™ vial closures.

**Special Offer: “Buy 10 get 3 free\*\*”** on cases of vials for new customers. Place your order through wholesalers Cardinal Health, Kinray, or McKesson and fax your invoice with certificate code #NPSC 2018 to “Free Goods Redemption, 1.800.827.5377.” For samples, item number, and information on how to order products, please call us. Berry Customer Service Phone: 1-800-767-5377, Fax: 1-800-827-5377, Online: [www.BerryGlobal.com](http://www.BerryGlobal.com)

\*Can only be used on opening order. 15 case maximum. Expires July 31, 2018.

### CMS Warns Part D Plan Sponsors on “Unacceptable” Pharmacy Gag Clauses

*As posted in NCPA Advocacy Center Update Week Ending May 18, 2018*

This week, CMS administrator Seema Verma sent a letter to all Part D plan sponsors warning them that CMS finds any form of “gag clauses” in pharmacy contracts to be unacceptable and contrary to its efforts to promote drug price transparency and lower drug prices. This was one of the initiatives outlined in President Trump’s May 11 speech on drug prices. The complete letter can be viewed at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/Other-Content-Types/2018-05-17.pdf>

## WHAT’S UP AT NPSC?



We will announce our preferred wholesalers from RFP Process on June 1.



We are in conversation with some exciting new vendors including a payroll company for a June-July launch.

## MA Legislative Update

By Dennis Lyons, R.Ph., Legislative Consultant to MIPA

Formal sessions for the second half of the 2017-2018 legislative year continue through July 31, 2018. We are working with several members of the legislature to address the many problems created by unfair PBM practices in Massachusetts. Many independent pharmacies are reporting ongoing issues with under payments from MAC drugs, DIR fee collections and exclusion from many specialty drugs. We are continuing our efforts to educate the many members of the House and Senate regarding these PBM practices and hopefully will see some action by the end of the session in July. The House comprehensive health care measure headed up by Representative Ronald Mariano (Majority Leader), is expected to address problems with Mac pricing transparency, copay claw backs and other PBM issues. MIPA Executive Director Todd Brown has also been meeting with Baker Administration officials on this issue.

The Massachusetts Independent Pharmacist Association (MIPA) in collaboration with the Massachusetts Pharmacists Association (MPhA) are continuing the effort to obtain pharmacists provider status via **Senate 1240/House 1214 – An act recognizing pharmacists as healthcare providers**: this bill would finally recognize pharmacists as providers thus allowing a pathway for payment for clinical services. **This bill is now before the Joint Committee on Health Care Finance.**

Previously we reported on H4033 the Governor's anti-Opiate bill, which was released from the Joint Committee on Mental Health and Substance Abuse on May 2<sup>nd</sup>. The bill will likely go before the full House for a vote in the coming weeks. It must then be approved by the Senate before the July 31<sup>st</sup> legislative deadline. Included in this proposal are several improvements to access to treatment for people suffering from opioid misuse. Also included is a change in the partial fill provision previously passed that allows patients to request an amount less than originally pre-

scribed. The new bill would allow the patient to access the balance of the prescription if they go back to the original pharmacy. The bill also includes a new mandate for electronic prescribing for all prescriptions by January 1, 2020. After that date paper prescriptions would no longer be valid. The governors proposed bill also includes a section creating a statewide standing order for any pharmacy to utilize when dispensing naloxone in the absence of a prescription

The Association has also met with Representative Louis Kafka regarding H1178, *An act relative to the availability of prescription medication during an emergency* which is now in the Committee on Health Care Financing. This measure would allow pharmacist to dispense early refills of prescription medications during a state of emergency declared by the Governor.

We continue to monitor the Massachusetts Board of Registration in Pharmacy regarding its extensive regulatory reform process. Thus far new regulations are being developed to address all aspects of pharmacy practice, controlled substance security, CE as well as registration of out of state pharmacies, compounding regulations and the ability of the board to access fines up to \$ 25,000 for noncompliance with regulations -More to come as these regulations move through the approval process.

The pharmacy grassroots program continues and is open to all members who wish to participate. This may involve visits to pharmacies by elected officials or meetings in the district offices. We have found in the past these interactions are extremely effective and help to build a positive relationship with the local pharmacists and his or her representative in the legislature.

Anyone interested in participating is urged to contact Dennis Lyons at [hiddgl@gmail.com](mailto:hiddgl@gmail.com) (617-312-5906) for more details.

# CT Legislative Update

By Kevin Hill, NPSC Lobbyist, Power, Brennan & Griffin, LLC

The 2018 Connecticut General Assembly Legislative Session adjourned last night complete with a bipartisan budget agreement.

This year was a “short session” in the legislature. The Committees do not introduce as many bills and new initiatives are often held for the next session.

The following are the major pharmacy initiatives we monitored along with several general business bills.

One of the major initiatives we were involved in this year is the regulatory cuts to the DMEPOS from the Department of Social Services. We have been coordinating with HOMES and other providers and are engaged with the Department of Social Services and the Governor’s office. At this time, HOMES is seeking alternative proposals that will address the concerns of the federal CURES Act as well as DSS. The alternative proposal is to limit any negative impact this would have to patients and providers.

## **SB 243, An Act Concerning Audits of Medical Assistance Providers**

This is the HOMES bill that attempts to harmonize the standards of orders of DME with the updated standards CMS instituted over a decade ago. We submitted testimony in support of this bill and shepherded it through the legislature.

This bill requires the DSS commissioner or auditing contractor to accept as sufficient proof of a written order:

1. a photocopy,
2. a fax,
3. an electronically maintained document, or
4. an original pen and ink document.

The bill also requires the commissioner or auditing contractor to accept a receipt signed by the Medicaid services recipient or a nursing facility representative as proof that a covered item or service was delivered. For Medicaid-covered

items or services delivered by a shipping or delivery service (e.g., durable medical equipment), the bill requires DSS or the auditing contractor to accept as proof of delivery a supplier’s detailed shipping invoice and the delivery service tracking information substantiating delivery.

This bill passed both the House and the Senate and awaits the Governor’s signature to be signed into law.

## **SB 246, An Act Limiting Automatic Refills Under the Medicaid Program**

We submitted testimony in support of this bill in the Human Services Committee. This bill allows the commissioner of the Department of Social Services to prohibit pharmacy providers from automatically refilling certain prescription drugs for Medicaid recipients regardless of a recipient’s consent or request to participate in such a program. It prohibits DSS from paying for such prescription refills unless it was explicitly requested verbally or in writing.

The bill allows the Pharmaceutical and Therapeutics Committee to make recommendations to DSS on what prescribed drugs, if any, should be eligible for automatic refill. It also requires the commissioner to submit to the Human Services Committee recommendations on the types, classes, or usage of prescription drugs to be subject to, and exempt from, the automatic refill prohibition.

This bill passed both the House and the Senate and now goes to the Governor to be signed into law.

## **HB 5384, An Act Concerning Prescription Drug Costs.**

This is Comptroller Lembo’s bill that attempts to add transparency to PBM prices and markups. This bill makes several changes related to prescription drugs, PBMs, and health carriers. Among other things, it requires:



1. PBMs to report information about drug formulary rebates to the insurance commissioner, who must report aggregated data to the Insurance and Real Estate Committee;
2. health carriers to submit to the insurance commissioner, and the commissioner to report to the Insurance and Real Estate Committee, information on covered outpatient prescription drugs, including the most frequently prescribed drugs and those provided at the greatest cost;
3. health carriers to certify to the commissioner that they account for all rebates when calculating plan premiums;
4. a prescription drug “sponsor” to notify the Office of Health Strategy when it files certain applications for new drugs; and
5. OHS to annually identify up to 10 outpatient prescription drugs provided at substantial state cost or critical to public health and drug manufacturers to report information to OHS on those drugs.

This initiative by Comptroller Lembo comes from the work he did with Lieutenant Governor Wyman’s Healthcare Cabinet. Among the ideas researched in the Healthcare Cabinet was the MAC Pricing bill we have been pushing for the past two legislative sessions.

This bill passed both the House and the Senate and awaits the Governor’s signature to be signed into law.

Comptroller Lembo’s office has agreed to sit down with us over the summer to discuss MAC pricing legislation as well as other prescription drug issues that are of importance to NPSC.

### **SB 195, AAC Changes to Pharmacy and Drug Control Statutes**

NPSC met with the Department of Consumer Protection regarding this bill over the winter. The bill makes several changes to the drug control statutes. Among them, it requires retail and institutional pharmacies to maintain a perpetual inventory of Schedule II controlled substances and authorizes DCP to adopt regulations to implement the requirement.

This bill passed both the House and the Senate and awaits the Governor’s signature to be signed into law.

### **SB 197, An Act Concerning Biological Products**

This bill generally allows pharmacists to substitute a biological product for a prescribed biological product as long as the substitute is an interchangeable biological product and the prescribing practitioner has not prohibited the substitution. It extends to these substitutions many of existing law’s provisions on substituting brand name drugs with generic ones.

The bill also establishes requirements applicable only to biological and interchangeable biological products, including generally requiring:

1. Practitioners to discuss with patients the treatment methods, alternatives to, and risks associated with using a biological product;
2. a dispensing pharmacist to inform prescribers and patients of a substitution; and
3. patients be given the option of requesting that someone sign for a product’s delivery.

This bill passed both the House and the Senate and awaits the Governor’s signature to be signed into law.

# ME Legislative Update

*By Ron Lanton, NPSC Lobbyist, True North Political Solutions*

This session has been quiet for Maine pharmacy. Our goal was to monitor the legislature for any reimbursement decisions in Medicaid. Unfortunately for Medicaid, the Governor has refused to implement a statewide ballot initiative vote to expand the program.

Supporters of the Medicaid expansion have now sued the Governor to force him to expand the program. So far the Governor has not put forth any rules or processes into place that would begin the expansion. The Governor has continued to take the position that there is not enough money to pay for the expansion, while the legislature has continued to argue that there is.

Additionally, Maine pharmacists should continue to monitor Medicaid as we expect the program to be changing. There has been a trend with red state Republican Governors to trend towards having a work requirement for Medicaid recipients. CMS have been approving state plans with this requirement.

However; the problem has come from states like Kansas that may have gone too far. Kansas is wanting to stop Medicaid benefits for individuals after 36 months by putting a lifetime cap on these beneficiaries. CMS has rejected this plan. Maine pharmacists should keep an eye on this issue since Maine is one of 3 other states with a similar plan in the works. If this goes through Maine pharmacists would likely lose additional Medicaid business. AZ, UT and Wisconsin are the other states with a program similar to Kansas' that was rejected by CMS.

The remainder of this time will be watching the elections to determine how Maine pharmacy interests will be affected. Please contact Ron Lanton to have an offline discussion on any issues you are interested in lobbying for the coming year.

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# RI Legislative Update

*By Jack Hutson, NPSC Lobbyist, New England Association Services*

H7684 and S2786 have both been heard in the House and Senate committees and with the exception of one component, drew supportive remarks from both committees. There is no surprise that the PBMs in the State are opposed but our goal is not to get them to approve but to remain neutral. One aspect of the Audit component of the bills is drawing the most opposition – requiring 30 days preparation time for the pharmacy prior to an audit with the PBMs saying a 14 day notice is more the national standard. We are attempting to strike a compromise with changing the verbiage to 21 days as well as attempting to add that audits cannot be scheduled on a Monday. We are discussing this with the leadership.

The “Gag Order” and “Anti Clawback” provisions in H7700 and S2406 have drawn support from committee members in both House and Senate as important consumer protections and no one likes the idea of a pharmacist being muted in a conversation with a patient, especially when savings to the patient are the center of the conversation.

As we all know and have discussed before, our hometown PBM brings the most weight to the table and is always the central barrier in getting the leadership on board even if the bills have merit. The battle to bring all to the floor of the House and Senate for passage in the closing weeks of the session continues.

## CBD/HEMP Products

NPSC is fully aware that many of you are receiving solicitations from several vendors that sell a variety of CBD and or Hemp products. Many of you have contacted us about the legality of selling these products. We are actively working every angle to get you answers so you can decide what is best for your pharmacy. As soon as we have some clarification on this, we will let you know.



Infoshred has expanded its services to offer TWO services for ONE low price of \$80.00 per month. Infoshred offers Storage Services that are safe, secure, and transport monitored with a web tool or email to request retrieval. They continue to offer their shredding services with pick up every 4 weeks. Find out how they could help you. Contact Scott Cremens at [scrmens@infoshred.com](mailto:scrmens@infoshred.com) or 888-800-1552.

**Owners, Managers, & staff pharmacists:  
Use code BUY50 for \$50 OFF convention registration.**

A promotional graphic for the NCPA 2018 Annual Convention. At the top, a dark brown banner reads "NCPA 2018 Annual Convention". To the right, a red banner says "Register now" with the URL "at www.ncpanet.org/convention". The central part of the graphic features the word "EMBRACE" in large blue letters, with "OPPORTUNITIES" written below it. Below that, the word "ENERGIZE" is shown in orange letters, with "YOUR BUSINESS" written below it. At the bottom, the word "EVOLE" is shown in red letters, with "YOUR SERVICE MODEL" written below it. To the right of these words, the word "BOSTON" is written in large, colorful letters, with "OCTOBER 6-9" written below it. In the bottom right corner, the NCPA logo is displayed, consisting of the letters "NCPA" and a stylized mortar and pestle, with the full name "NATIONAL COMMUNITY PHARMACISTS ASSOCIATION" underneath. The website "www.ncpanet.org/convention" is printed at the bottom right.



## NCPA CORNER

### New Part D Rule Moves Closer to Point-of-Sale DIR Fees

*From NCPA News Releases, April 3, 2018*

In a 1,000-page final 2019 Medicare Part D rule released March 5<sup>th</sup>, 2018, the Centers for Medicare & Medicaid Services asserted its statutory authority to require that some portion of rebates and pharmacy DIR fees be applied at point of sale. The final rule stops short of actually requiring such a change, instead stating that "any new requirements regarding the application of rebates at the point of sale would be proposed through notice and comment rule-making in the future."

CMS' recognition of the need to address the issue at all is largely the result of NCPA's forceful lobbying and input.

The final rule also reflects NCPA's input on a handful of other Part D issues important to community pharmacists, including:

- Reiterating any willing pharmacy requirements in standard plans, which clarifies that plan sponsors cannot exclude pharmacies with unique or innovative business or care delivery models from participating in their contracted pharmacy network.
- Clarifying that Part D plan sponsors cannot use certain network accreditation policies to limit dispensing of certain drugs or drugs for certain disease states to a subset of network pharmacies.

Requiring Part D plan sponsors to develop standard terms and conditions and make them ready for distribution by Sept. 15. A pharmacy must request the applicable standard terms and conditions and the plan sponsor must provide them to the pharmacy within seven business days of receipt of request.



Do you have questions on FWA, NCPDP updates, PECOS – Medicare enrollment, Re-credentialing with third parties, etc? Call Pam @ 508-274-5106 or Karen @ 203-671-3847.

## IMMUNIZATION TRAININGS

**July 13, 2018**

Northeastern University

[https://bouve.northeastern.edu/pharmacy/  
continuing-education/](https://bouve.northeastern.edu/pharmacy/continuing-education/)

**August 15, 2018**

UConn School of Pharmacy  
Storrs Campus

<https://ce.pharmacy.uconn.edu/immunization>

## CT DSS DME CUTS CURRENT STATUS

By Karen Hekeler

On May 1<sup>st</sup>, DSS posted the HOMES workgroup proposal on their website: <http://portal.ct.gov/DSS/Health-And-Home-Care/Reimbursement-and-Certificate-of-Need/DME-Medicaid-Reimbursement>

The proposal would revert all cuts back to pre 4/1 reimbursements excluding about a dozen codes – primarily CPAP/Oxygen codes which make up the biggest spend.

We are awaiting a formal response from the department on the proposal. We are aware there have been access issues on several product categories since 4/1.

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### CT Pharmacies still going on the road to prescribe and dispense Narcan

By Karen Hekeler

It has been 14 months since the first pharmacy in CT went off site to prescribe and dispense Narcan. Since that initial one, pharmacists across the state have done this nearly 100 times! Pharmacists have attended public trainings, sober houses, halfway houses, homeless shelters and even a soup kitchen! The success of each of these has widely varied and its been a learning curve for both the organizers and the prescribing pharmacists. As a reminder, CT pharmacists that are dispensing Narcan (whether in store or off site) should be giving out the red overdose pouch with each prescription. If you need more, please let us know and we will get them to you.

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### MA BOARD OF PHARMACY REMINDERS

*As posted in May 2018 Massachusetts Board of Registration in Pharmacy News*

#### **Technician Trainee Licensure**

Effective April 6, 2018 all technician trainees must be licensed as a technician trainee by the Board of Pharmacy. Those currently employed must have their Board-approved license by July 6, 2018. Those hired on or after April 6, 2018 must obtain their license before beginning work at the pharmacy.

#### **Waivers**

All waivers granted by the Board of Pharmacy on or before June 30, 2013 will expire on June 30, 2018. If the waiver is still necessary the pharmacist manager of record must submit an updated waiver request prior to June 30, 2018. All waivers granted after June 30, 2013 will expire five years after the date of waiver granted.

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### RI 2018-2019 State Supplied Vaccine Program

On 5/23/2018, RI DOH hosted 2018-2019 Influenza Discussion Group meeting. NPSC has posted the slides to that meeting on our website under RI. If you did not receive the slide presentations, please take a look as there are important dates and deadlines etc. Anyone with questions should contact Mark V. Francesconi, Vaccine Manager, Immunization Office, Rhode Island Department of Health at 401.222.5988 or [Mark.Francesconi@health.ri.gov](mailto:Mark.Francesconi@health.ri.gov).

# What Happened in Arkansas That Began to Pull the Curtain Back on PBM Activity

By Pat Monaco

Managed Medicaid in Arkansas in a new contract between Caremark and Arkansas Blue Cross went into effect January 1, 2018. Almost immediately, independent pharmacies began to get ridiculously low reimbursement rates. Chains also complained of lower reimbursements. The pharmacists became so concerned about the potential of losing their businesses, that they contacted their pharmacy association's CEO Scott Pace and after hearing the stories he organized a meeting with the Health Marketplace Oversight Committee; it was time for legislators to hear these pharmacists' horrific stories.

The hearing room was packed with pharmacists and they told the committee they were obligated by contract to fill below cost prescriptions among other things. The many stories told by the pharmacists moved the legislators to act and 6 weeks later the Governor signed a bill requiring PBM's doing business in the state to be licensed. Besides being licensed, the legislation requires:

- ◆ A PBM to “provide a reasonably adequate and accessible provider network that provides for convenient patient access to pharmacies within a reasonable distance”<sup>1</sup> from their home
- ◆ “Permits the insurance commissioner to review and approve a PBM's compensation program to ensure the reimbursement for pharmacy services is fair and reasonable to provide an adequate provider network.<sup>1</sup>
- ◆ “Prohibits a PBM from requiring pharmacy accreditation standards or certification requirements inconsistent with, more stringent than, or in addition to requirements of the Arkansas State Board of Pharmacy and from reimbursing a pharmacy an amount less than the amount that the PBM reimburses one of its affiliates for providing the same service.”<sup>1</sup>

This is the most comprehensive PBM bill in the country. What state will be next? Policy makers and the news media are watching. Hats off the pharmacists of Arkansas! They made this happen!

<sup>1</sup>Cannon, Jayne. "Pushing back: The Arkansas story" *America's Pharmacist*, May. 2018, pp. 30.

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## Do You Have Sufficient Liability Insurance?

By Karen Hekeler

When was the last time you reviewed your coverage or had your agent do it? Recently a pharmacist contacted me looking for Professional Liability Insurance as he was preparing for a third-party audit and they were requesting a copy of it. I referred him to Tom White of Pharmacists Mutual. Tom reviewed his current policies and actually pulled out a page that “excludes all pharmacy operations”! This pharmacist was lucky – He had operated for last few years with minimal insurance coverage – and fortunately had no issues! The next pharmacist may not be so lucky! Some owners choose to use their neighbor, long time friend etc to insure the business and that is ok – IF – you are properly covered. Just make sure your policy covers you and your business for all pharmacy activities including immunizations and compounding if you do those. Always better to be safe than sorry.



# MCKESSON

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