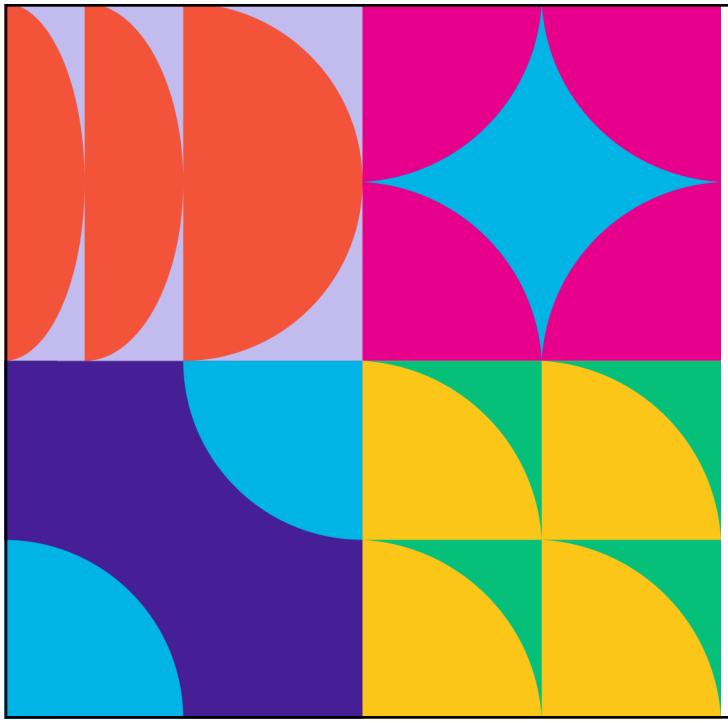

From Policy to Practice: Legislative Changes and Advocacy Strategies for Independent Pharmacies

A Panel Discussion

Description

Rapid policy and payment changes are reshaping independent pharmacy operations. Gain insights from leading experts on how these shifts will affect reimbursement, patient costs, and workflow. Translate these perspectives into clear communication and effective advocacy to demonstrate your pharmacy's value to key stakeholders.

Meet the Faculty

Moderator

Marsha Millonig,
MBA, BPharm

President & CEO
Catalyst
Enterprises, LLC

Panelist

Tim Frost,
PharmD

Founder
50 Elixir
Senior Fellow
Cicero Institute

Panelist

Sean Hosp,
B.S.

Vice President,
Policy Economics
Cencora

Panelist

Jay Phipps,
PharmD, MBA, FACA, FACVP

President and CEO
Phipps Pharmacy &
Gladiator Invictus
Leadership

Panelist

Krystalyn Weaver,
PharmD, JD

EVP/CEO
NASPA

Marsha Millonig

Marsha Millonig, BSPharm, MBA is President and CEO of Catalyst Enterprises, LLC, a healthcare consulting firm focused on strategies to improve health outcomes. She is also an Associate Fellow with the University of Minnesota College of Pharmacy's Center for Leading Healthcare Change.

Marsha previously held leadership roles with the Healthcare Distribution Management Association (HDMA), the National Association of Chain Drug Stores (NACDS), and served as Interim Executive Director of the Minnesota Pharmacists Association. A practicing community pharmacist and immunizer, she is also a published author, including *100 MTM Tips for Pharmacists*.

Tim Frost

Tim Frost is the founder of 50 Elixir, a healthcare strategy firm advising pharmacy, pharmaceutical manufacturing, and digital health platforms on operating model design, regulatory alignment, and growth in complex healthcare markets. Tim is a Senior Fellow at the Cicero Institute, specializing in healthcare, regulatory reform, and artificial intelligence policy. He formerly served as Chief of Staff to the Idaho Attorney General and Deputy Administrator of Idaho's Division of Occupational and Professional Licenses, overseeing all healthcare regulatory boards in the state. Tim graduated with a PharmD from the University of Toledo in Ohio and completed a postdoctoral fellowship with Pacific University in Oregon.

Sean Hosp

Sean Hosp is Vice President of Market Economics at Cencora, where he leads the Market Economics team within the Strategy Group. He evaluates the impact of macroeconomic trends, healthcare policy, and market dynamics on Cencora and the broader healthcare ecosystem.

Sean brings more than 20 years of pharmaceutical leadership experience in market access, pricing and reimbursement, health economics, policy, and commercialization. Prior to Cencora, he held leadership roles at Merck & Co. and Sanofi, supporting major brands across oncology, vaccines, infectious disease, immunology, and specialty pharmaceuticals. He holds a BS in Accounting from Kean University and has completed executive negotiation training through The Gap Partnership.

Jay Phipps

Jay Phipps, PharmD, MBA is President and CEO of Phipps Pharmacy, an independent pharmacy organization with four Tennessee locations providing community pharmacy, long-term care, and compounding services. He is also founder of Gladiator Invictus Leadership, where he coaches entrepreneurs and executives on leadership, culture, and business strategy, and leads PhippsCare and Health Insurance Solutions.

Dr. Phipps earned his PharmD from the University of Tennessee Health Science Center, completed a residency in Drug Information and Pharmacotherapy, and holds an MBA from Indiana University's Kelley School of Business. He has been recognized among the *Top 50 Most Influential Leaders in Pharmacy* (2023–2025), and Phipps Pharmacy has received national awards for advocacy, innovation, and community engagement.

Krystalyn Weaver

Krystalyn Weaver is the Executive Vice President and CEO of the National Alliance of State Pharmacy Associations (NASPA). She has focused her career on pharmacy advocacy, policy development, and regulatory affairs. Immediately prior to her current role, Krystalyn served as an associate at Sidley Austin LLP, counseling pharmaceutical and pharmacy clients on regulatory and enforcement matters. She holds a Doctor of Pharmacy degree from the University of Toledo and a Juris Doctor from George Mason University's Antonin Scalia Law School. Krystalyn and her family live in Alexandria, Virginia.

Disclosures

- Tim Frost, Jay Phipps, and Krystalyn Weaver have no relevant financial relationships with ineligible companies to disclose.
- Sean Hosp is an employee of Cencora. Marsha Millonig is a stockholder in AstraZeneca, BMS, JnJ, Pfizer (ended Fall 2025), and Viking Therapeutics. All relevant financial relationships have been mitigated.
- Course faculty disclose that AI tools were utilized to generate content included in this presentation.
- Brand names may be used as examples for educational purposes only. Their inclusion does not constitute endorsement, recommendation, or promotion of any specific product.

Funding for this course was provided by Cencora.

Learning Objectives

Upon completion of this activity, learners should be able to:

- Explain key regulatory and payment changes affecting independent pharmacy practice.
- Interpret how policy shifts affect reimbursement, patient cost discussions, and operations.
- Analyze how policy changes impact workflow, service delivery, and patient care.
- Identify communication approaches to help patients, prescribers, and community partners understand changes in reimbursement, coverage, and patient costs.
- Outline a targeted advocacy plan to engage stakeholders in support of pharmacy sustainability and patient access.

Topics for Today's Discussion

Regulation & Reimbursement Trends

- PBM reform
- IRA components/impact
  - Vaccines
  - Medicare Payment Program
  - Medicare Drug Price Negotiation Program (MDPNP)
- GLOBE & GUARD initiatives

Scope of Practice & Standard of Care

- Federal efforts
- State efforts
- Standard of care: impact, opportunities, and future practice
- Payment for pharmacist services

Advocacy Strategies & Stakeholder Engagement

- Ways to engage
- Communication approaches for patients, prescribers, and community partners
- Steps in your advocacy plan

IRA: Inflation Reduction Act
GLOBE: Global Benchmark for Efficient Drug Pricing
GUARD: Guarding U.S. Medicare Against Rising Drug Costs

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PBM Reform

- Federal efforts continue on many fronts
- Broad pharmacy coalition working together on reform passage
- Numerous bills that address challenging PBM practices (H.R. 4317, H.R. 4409, S. 927, S. 882)
- Numerous hearings with negative findings and Federal Trade Commission (FTC) reports about anti-competitive practices
- TRICARE program also
- **Major Win:**
  - Reconciliation in appropriations process provided pathway and numerous PBM reforms from standing bills included in the **Consolidated Appropriations Act (CAA) of 2026 (H.R. 7148)** signed into law February 3, 2026, Public Law 119-75
  - www.congress.gov/bill/119th-congress/house-bill/7148/text
  - Your national and state organizations have provided summaries and details

www.uspharmacist.com/article/pbm-reform-reshaping-pharmacy-reimbursement

CAA of 2026

- Promotes price transparency, compensation reform, and reporting requirements across Medicare Part D and commercial plans beginning in 2028 and 2029
- **Medicare:**
  - Delinks PBM compensation from a drug's price (1/1/28)
  - Pay for bona fide service fee (BFSF) not linked to drug prices, rebates, discounts, fees for covered drugs, or coverage/formulary placement decisions
  - Disclosure of PBM agreements with manufacturers
  - Enhanced audit rights for plans, including independent auditors
  - GAO reporting on how PBM compensation impacts drug prices and from Medicare Payment Advisory Commission on plan agreements between PBMs and plan sponsors

GAO: U.S. Government Accountability Office
www.uspharmacist.com/article/pbm-reform-reshaping-pharmacy-reimbursement
www.ncpa.co/pdf/2026/advocacy/pbm-reform-other-provisions.pdf

CAA of 2026

- Promotes price transparency, compensation reform, and reporting requirements across Medicare Part D and commercial plans beginning in 2028 and 2029
- **Commercial Plans:**
  - Expanded transparency and reporting obligations: semiannual and upon request, quarterly, reports detailing gross and net drug spending, rebate flows, spread-pricing practices, pharmacy reimbursement, and affiliated pharmacy utilization
  - 100% commercial pass-through: PBMs must remit 100% of all rebates, discounts, fees, and other remuneration received from manufacturers and related entities
  - Punishment: civil monetary penalties, excise taxes, contractual remedies, audit/certification, and CMS and DOL oversight

DOL: U.S. Department of Labor
https://www.uspharmacist.com/article/pbm-reform-reshaping-pharmacy-reimbursement
https://www.ncpa.co/pdf/2026/advocacy/pbm-reform-other-provisions.pdf

CAA of 2026: Anticipated Outcomes

PBMs:

- Transition from rebate-driven models to service fee-based models
- PBMs use of affiliated pharmacies is under scrutiny, with enhanced reporting requirements and CMS oversight of essential pharmacies (only pharmacy within 10 miles in rural areas, within 2 miles in suburban areas, and within 1 mile in urban areas that are not PBM-affiliated)
- Increased requirements may drive market consolidation

Pharmacy:

- In Medicaid markets, prohibits spread pricing and requires pass-through models
- The bill's reporting and 100% pass-through requirements are expected to push toward this end in commercial markets

https://www.uspharmacist.com/article/pbm-reform-reshaping-pharmacy-reimbursement
https://www.ncpa.co/pdf/2026/advocacy/pbm-reform-other-provisions.pdf

CAA of 2026: Anticipated Outcomes

Pharmacy Reimbursement

- Enhanced transparency
  - PBMs must disclose reimbursement rates, spread pricing, and drug-level dispensing data
- Strengthened network access protections
  - AWP protections in Medicare Part D, requiring plan sponsors to include any pharmacy meeting standard contract terms in their network. CMS is directed to define reasonable and relevant contract terms to ensure fair participation.
- Support for essential and community pharmacies
  - New oversight of “essential retail pharmacies” aims to preserve beneficiary access and address pharmacy deserts in rural and urban markets. Annual reporting on reimbursement, network participation, and cost-sharing trends.

AWP: Average Wholesale Price
https://www.uspharmacist.com/article/pbm-reform-reshaping-pharmacy-reimbursement
https://www.ncpa.co/pdf/2026/advocacy/pbm-reform-other-provisions.pdf

CAA of 2026: Anticipated Outcomes

Pharmacy Reimbursement

- New audit/redress avenues
  - Plan fiduciaries’ access to independent audits of PBM reimbursement and rebate records provides new avenues for redress and negotiation in contract disputes
- Medicaid spread pricing restrictions
  - Aligned with recent state reforms, restricts spread pricing in Medicaid and mandates the use of pass-through models

https://www.uspharmacist.com/article/pbm-reform-reshaping-pharmacy-reimbursement
https://www.ncpa.co/pdf/2026/advocacy/pbm-reform-other-provisions.pdf

FTC Settlement with ESI 2/12/2026

- Stop preferring on its standard formularies high wholesale acquisition cost (WAC) versions of a drug over identical low WAC versions
- Provide a standard offering to its plans that ensures that members' out-of-pocket expenses will be based on the drug's net cost, not the inflated list price
- Provide covered access to TrumpRx
- Provide full access to its Patient Assurance Program's insulin benefits to all members when a plan sponsor adopts a formulary that includes an insulin product
- Provide a standard offering that allows the plan to transition off rebate guarantees and spread pricing

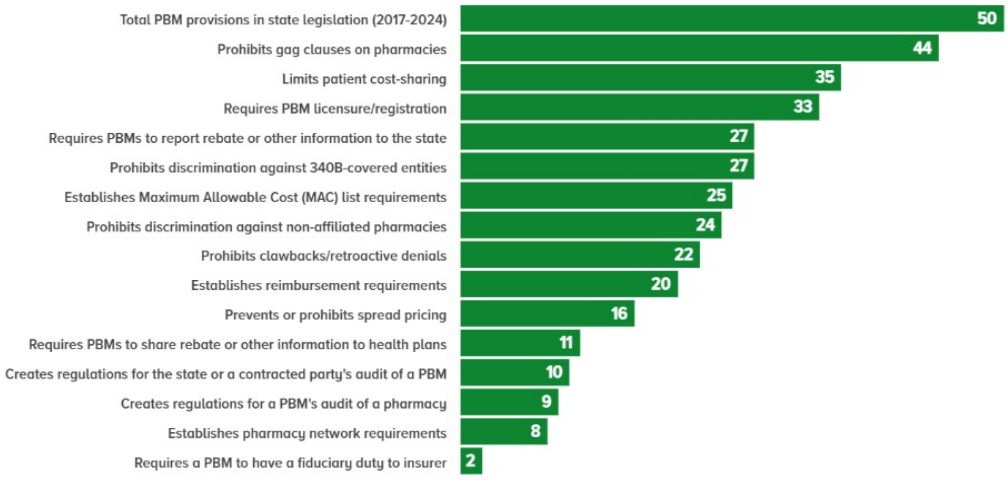
FTC: Federal Trade Commission; ESI: Express Scripts, Inc.
www.psgconsults.com/blog/ftc-settlement-with-esi-caa-2026-and-proposed-rule-what-does-it-mean-for-plan-sponsors/
www.ftc.gov/news-events/news/press-releases/2026/02/ftc-secures-landmark-settlement-express-scripts-lower-drug-costs-american-patients

FTC Settlement with ESI 2/12/2026

- Delink drug manufacturers' compensation from PBM list prices as part of its standard offering
- Increase transparency for health plans
- Transition and promote its standard offering to retail community pharmacies to a more transparent and fairer model based on the actual acquisition cost for a drug product plus a dispensing fee and additional compensation for non-dispensing services
- Reshore its group purchasing organization (GPO) from Switzerland to the United States

www.psgconsults.com/blog/ftc-settlement-with-esi-caa-2026-and-proposed-rule-what-does-it-mean-for-plan-sponsors/
www.ftc.gov/news-events/news/press-releases/2026/02/ftc-secures-landmark-settlement-express-scripts-lower-drug-costs-american-patients

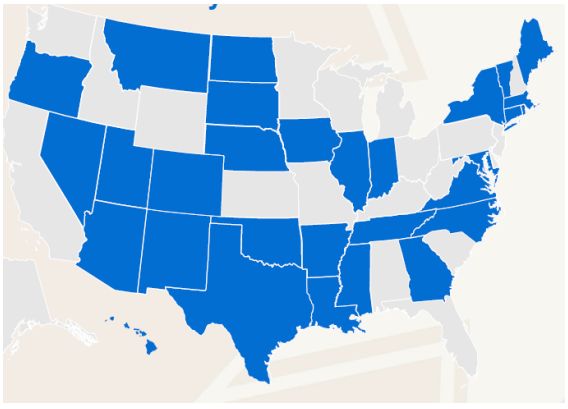
PBM State Reform: Laws in All 50 States



ncpa.org/state-legislative-tracking
www.pharmacist.com/Advocacy/State-Legislative-Activity-Tracker
nashp.org/state-tracker/state-pharmacy-benefit-manager-legislation/

PBM State Reform: 2025

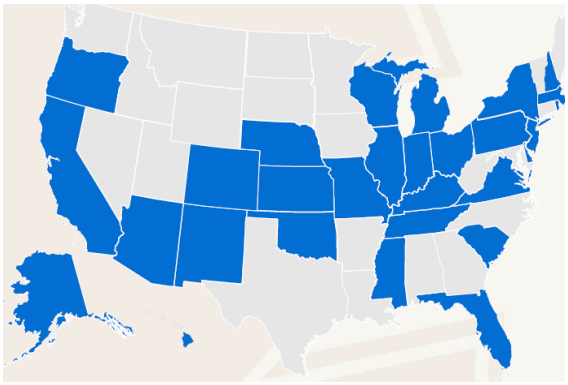
- Establishment of reimbursement floors
- Elimination or restriction of spread pricing
- Enhanced PBM transparency and reporting requirements
- Strengthened protections against patient steering and pharmacy discrimination
- Expanded PBM licensure, enforcement authority, and audit protections
- PBM prohibition on pharmacy ownership (AR)
- Parallel rise in litigation challenging state PBM authority



ncpa.org/state-legislative-tracking
www.pharmacist.com/Advocacy/State-Legislative-Activity-Tracker
nashp.org/state-tracker/state-pharmacy-benefit-manager-legislation/

PBM State Reform: 2026

- Sustained momentum toward reimbursement floors
- Further tightening of PBM audit standards
- Expansion of point-of-sale rebate pass-through requirements
- Broader PBM transparency and disclosure mandates
- Increased legislative activity around PBM network adequacy and patient choice
- Growing experimentation with structural PBM reforms
- Parallel rise in drug affordability mechanisms



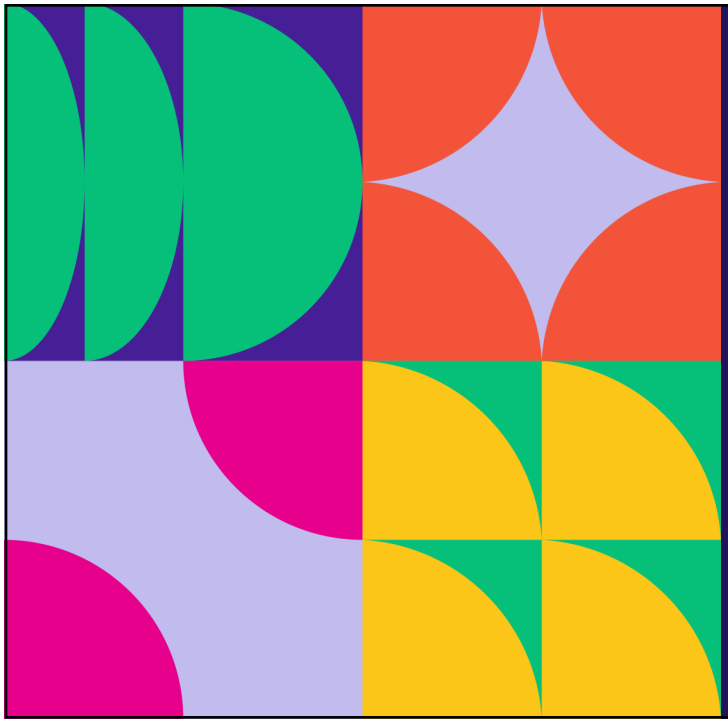
ncpa.org/state-legislative-tracking
www.pharmacist.com/Advocacy/State-Legislative-Activity-Tracker
nashp.org/state-tracker/state-pharmacy-benefit-manager-legislation/

Arkansas and Tennessee PBM Ownership Restrictions

- April 2025 AR: Law 624
- May 2026 TN: Freedom, Access and Integrity in Registered Pharmacy (FAIR Rx)

- Both prohibit PBMs from owning or operating pharmacies
- Lawsuit immediately filed by PBMs on AR law saying it violates Commerce Clause
- Federal judge granted injunction July 2025
- Expected to go to trial

ncpa.org/newsroom/qam/2026/05/26/tennessee-bans-pbms-owning-pharmacies
tnpharm.org/governor-lee-signs-fair-rx-act-into-law/



Panel Reactions and Discussion

Practice Implications and Next Steps

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- **GLOBE & GUARD initiatives**

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Medicare Drug Price Negotiation Program (MDPNP)

- IRA allows Medicare to negotiate directly with drug manufacturers to lower prices
- Targets the costliest single-source brand-name Medicare Part B and Part D drugs
- Started in 2026
- Called “maximum fair prices” or MFP
- Medicare Drug Price Negotiation Program (MDPNP) officially
- See: www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program

www.cms.gov/inflation-reduction-act-and-medicare
www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program

Which drugs are first? 30-Day Supply Price vs. Acquisition Cost*

- Eliquis (apixaban)
  - $231 vs. $609
- Enbrel (etanercept)
  - $2,355 vs. $8,157
- Entresto (sacubitril/valsartan)
  - $295 vs. $705
- Farxiga (dapagliflozin)
  - $178.50 vs. $600
- Fiasp, Fiasp FlexTouch, Fiasp PenFill (insulin aspart)
  - $119 vs. $537
- Imbruvica (ibrutinib)
  - $9,319 vs. $14,934
- Januvia (sitagliptin)
  - $113 vs. $990
- Jardiance (empagliflozin)
  - $197 vs. $629
- NovoLog, NovoLog FlexPen, NovoLog PenFill (insulin aspart)
  - $119 vs. $134
- Stelara (ustekinumab)
  - $4,695 vs. $14,575
- Xarelto (rivaroxaban)
  - $197 vs. $598

* Based on price look up from major drug wholesaler, November 2025.
America’s Pharmacist. October 2024. Page 14. NCPA Membership required.
www.cms.gov/files/document/fact-sheet-negotiated-prices-initial-price-applicability-year-2026.pdf
www.cms.gov/inflation-reduction-act-and-medicare/medicare-drug-price-negotiation

Drugs for 2027

- Austedo, Austedo XR (deutetrabenazine)
- Breo Ellipta (fluticasone/vilanterol)
- Calquence (acalabrutinib)
- Ibrance (palbociclib)
- Janumet, Janumet XR (sitagliptin/metformin)
- Linzess (linaclotide)
- Ofev (nintedanib)
- Otezla (apremilast)
- Ozempic, Rybelsus, Wegovy (semaglutide)
- Pomalyst (pomalidomide)
- Tradjenta (linagliptin)
- Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)
- Vraylar (cariprazine)
- Xifaxan (rifaximin)
- Xtandi (enzalutamide)

www.cms.gov/inflation-reduction-act-and-medicare/medicare-drug-price-negotiation
NCPA America's Pharmacist. March 2025. Page 15. Subscription required.

Many Concerns

- Reimbursement risks
- Cash flow challenges
- Enrollment burden
- Monitoring
- Mitigation

Many Concerns

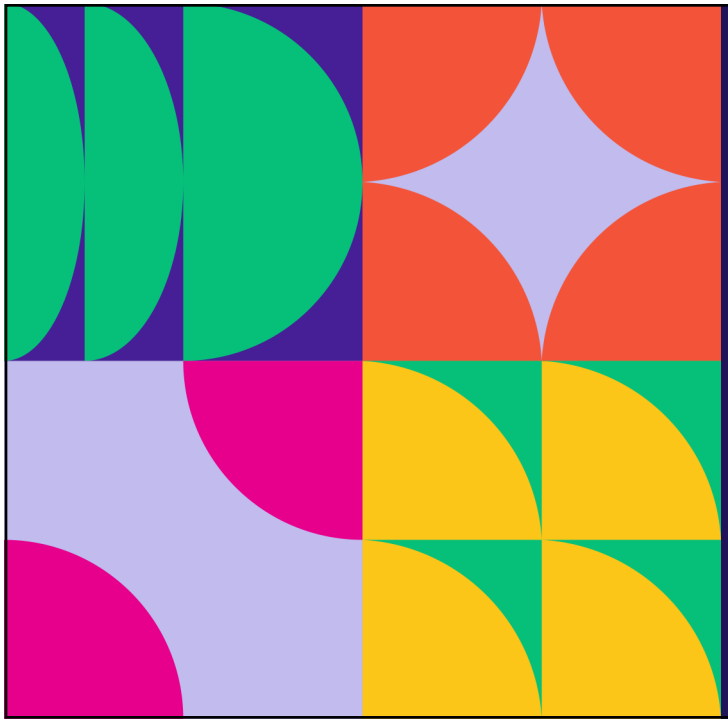
- Reimbursement: NCPA and others advocating for acquisition cost + dispensing fee in line with Medicaid Fee-For-Service (FFS) and within prompt pay requirements (within 14 days)
- Reimbursement timing is important because of inventory carrying costs
- NCPA analyzed 5,200 community pharmacies for impact of Maximum Fair Price (MFP) drugs
- If MFP rebate reaches 60% of the acquisition cost, the average pharmacy float will be over $26,000 every month waiting to be made whole for the MFP rebates
- Cash flow impact of half-billion per month on roughly 20,000 independent pharmacies
- Will only grow larger and larger as more drugs are added

ncpa.org/sites/default/files/2024-07/ncpa-comments-cms-mdpn.pdf

GLOBE & GUARD Initiatives

- Global Benchmark for Efficient Drug Pricing (GLOBE) Model
  - Rebates for Medicare Part B drugs if prices exceed those in economically comparable countries
  - 10/1/2026 to 2031
- Guarding U.S. Medicare Against Rising Drug Costs (GUARD)
  - Rebates assessed for certain Medicare Part D drugs if prices exceed those in economically comparable countries
  - 1/1/2027 to 12/31/2031 performance period
- Strategic business issues for pharmacies
- How do global pricing dynamics impact manufacturer behavior, product launches, contracting, reimbursement, and patient access?

www.cms.gov/priorities/innovation/innovation-models/globe
www.cms.gov/priorities/innovation/innovation-models/guard



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Scope of Practice/Standard of Care/Payment for Pharmacist Services

- Federal Efforts: H.R. 3164/S. 2426: Ensuring Community Access to Pharmacist Services Act
  - Introduced in the House by Adrian Smith (R-NE), Brad Schneider (D-IL), Diana Harshbarger (R-TN), and Doris Matsui (D-Calif.)
  - In the Senate by John Thune (R-SD), Mark Warner (D-VA), Thom Tillis (R-NC), Steve Daines (R-MT), and Maggie Hassan (D-NH)
- Provides Medicare Part B reimbursement for:
  - Testing, treating, and immunization of upper respiratory illnesses: COVID-19, influenza, respiratory syncytial virus (RSV), pneumonia, group A strep
  - Allowed under state scope of practice
- Broad bipartisan support (96 co-sponsors in the House, 27 in the Senate)
- Capitalizes on the care pharmacists provided during the pandemic
- Recognizes pharmacists as providers under Medicare Part B

www.congress.gov/bill/119th-congress/house-bill/3164
www.congress.gov/bill/119th-congress/senate-bill/2426

Scope of Practice/Standard of Care/Payment for Pharmacist Services

Other efforts:

- Pharmacist-provided chronic care services for Medicare
- Reimbursement for pharmacist prescribing HIV PEP/PrEP and administered medications
- Reimbursement for pharmacist services with wearable devices

PEP: Post-Exposure Prophylaxis; PrEP: Pre-Exposure Prophylaxis
APhA Legislative & Regulatory Update news [subscription required]

Scope of Practice/Standard of Care/Payment for Pharmacist Services: State Efforts

Trends:

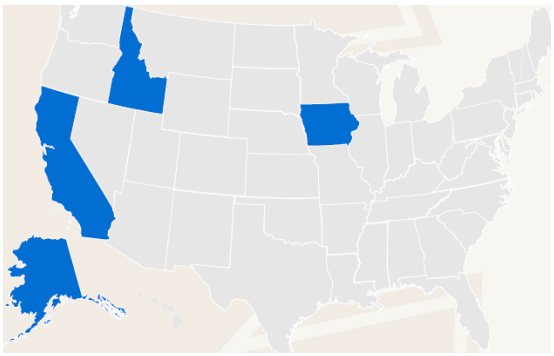
- Expansion of pharmacist prescribing and test-and-treat authority, particularly for infectious diseases, HIV prevention, contraception, vaccines, and medications for opioid use disorder
- Growing recognition of pharmacists as health care providers
- Medicaid coverage gains through State Plan Amendments
- Commercial insurance alignment with scope expansions
- Incremental expansion of pharmacist prescribing and administration authority
- Increased legislative focus on pharmacist involvement in immunization access
- More explicit linkage between expanded scope and payment mechanisms
- Growing use of standard-of-care frameworks

APhA Legislative & Regulatory Update news [subscription required]

Standard of Care

- The National Association of Boards of Pharmacy (NABP)'s task force to help states develop regulations based on "standards of care" rather than "prescriptive rule-based regulation"
- This signals a shift in orthodoxy, as pharmacy has traditionally been a highly regulated profession
- State movement:
  - AK, CA, IA, ID
- Part of broader movement among states with success in a variety of areas

Report of the Task Force to Develop Regulations Based on Standards of Care



naspa.us/resource/soc

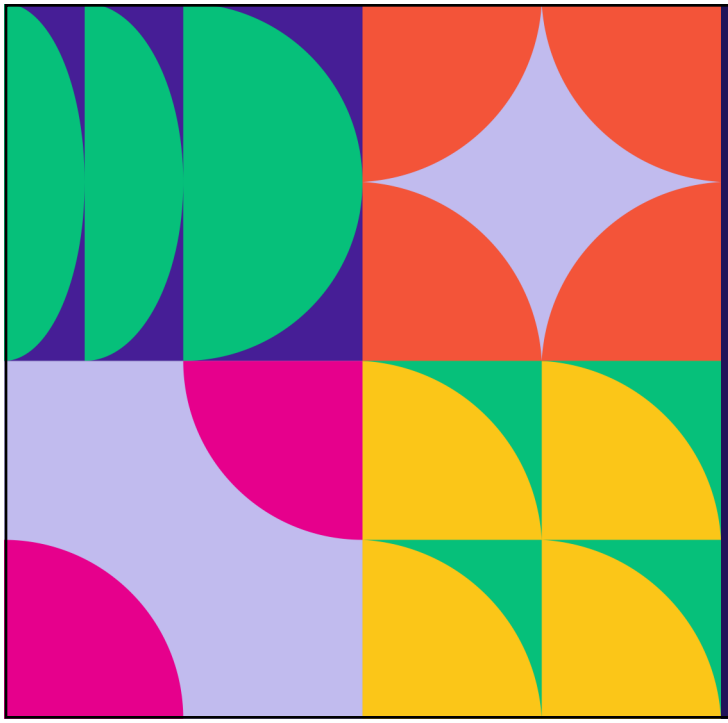
Standard of Care: A Framework for Future Practice

- Moves regulation away from service-by-service permission
- Allows pharmacists to practice according to education, training, experience, and patient need
- Preserves professional accountability and patient safety
- Creates flexibility for emerging technologies, telehealth, remote diagnostics, and clinical AI
- Supports innovation without requiring a new statute or rule for every new workflow

naspa.us/resource/soc

Technology-Neutral Regulation: Why It Matters

- New tools are evolving faster than rulemaking
- Regulation should focus on clinical outcomes, judgment, documentation, and accountability
- AI, telehealth, remote monitoring, and future tools should be evaluated by whether they meet the standard of care
- Pharmacy teams need frameworks that allow safe adoption without waiting for years of regulatory updates



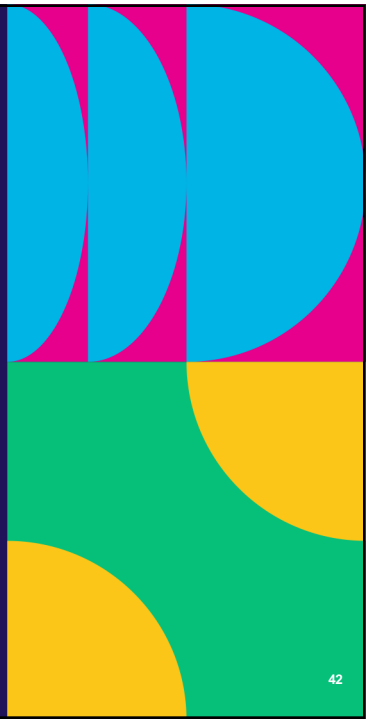
Panel Reactions and Discussion

Practice Implications and Next Steps

ThoughtSpot | CEimpact

Before we move to advocacy strategies…

Are there other hot-button issues panelists want to raise?



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Advocacy Strategies and Stakeholder Engagement

What:

- Payer conversations
- Legislator outreach
- Testimony
- Grassroots efforts
- Patient education

mpha.org/MPhA/MPhA/Advocacy/Be%20an%20Advocate.aspx

Advocacy Strategies and Stakeholder Engagement

Ways to engage?

- National associations
- State association
- Local associations
- Fly-ins
- Political Action Committees (PACs)

Advocacy Strategies and Stakeholder Engagement

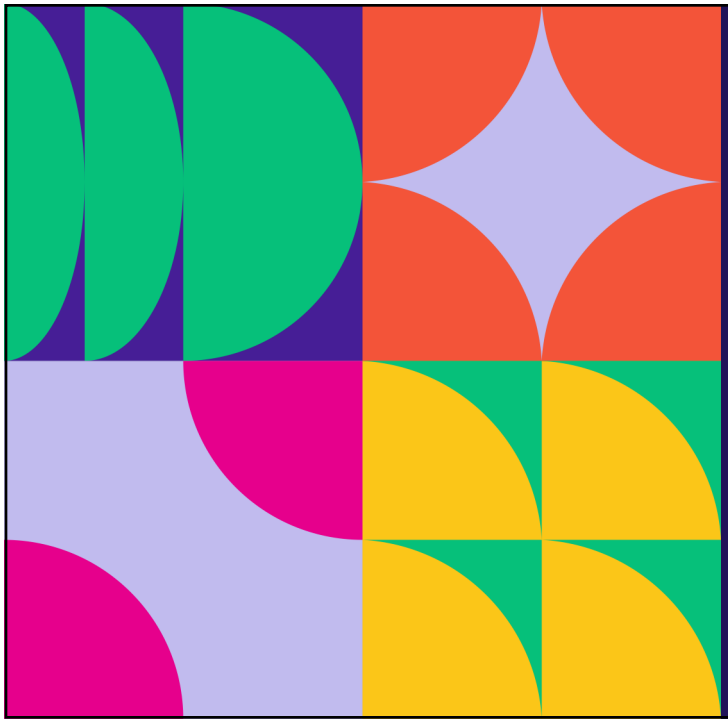
Independent Pharmacists Notch Hundreds of Congressional Visits During Annual NCPA Fly-In

NCPA • April 17, 2026

ALEXANDRIA, Va. (April 17, 2026) – Independent community pharmacy advocates from across the country came to Washington, D.C. this week as part of the National Community Pharmacists Association's Congressional Pharmacy Fly-In. Their message: We appreciate the reforms to Medicare Part D contract terms that Congress passed earlier this year, and now we would urge them to address egregious pharmacy benefit manager practices in government programs like Medicaid, Tricare, and the Federal Employee Health Benefit Program.

Rep. Buddy Carter (R-Ga.), one of three pharmacists or pharmacy owners serving in Congress, kicked off the fly-in on April 15. He shared

ncpa.org/newsroom/news-releases/2026/04/17/independent-pharmacists-notch-hundreds-congressional-visits



Panel Reactions and Discussion

Practice Implications and Next Steps

Topics for Today's Discussion

Regulation & Reimbursement Trends

- PBM reform
- IRA components/impact
  - Vaccines
  - Medicare Payment Program
  - Medicare Drug Price Negotiation Program (MDPNP)
- GLOBE & GUARD initiatives

Scope of Practice & Standard of Care

- Federal efforts
- State efforts
- Standard of care: impact, opportunities, and future practice
- Payment for pharmacist services

Advocacy Strategies & Stakeholder Engagement

- Ways to engage
- Communication approaches for patients, prescribers, and community partners
- **Steps in your advocacy plan**

Your Potential To-Do List

- Numerous federal and state legislative and regulatory issues impact the pharmacy team
- Pharmacy professionals **must** stay informed
- When possible, access education and resources from trading partners and national and state organizations
  - Join national associations and actively advocate for pharmacy
  - Join state pharmacy associations and actively advocate for pharmacy
  - Attend meetings and network/learn from colleagues
- Sign up for email updates from the FDA:
  - www.fda.gov/about-fda/contact-fda/get-email-updates
- Sign up for email updates from your state board of pharmacy

Activity: Outline an Advocacy Plan

Your Assignment

- Choose **one** topic covered in this session.
- Write down:
  1. The topic you chose.
  2. Three advocacy steps you will take in the next 6-12 months to support pharmacy sustainability and patient access.

Examples

- Scope of practice ➔
  - Schedule a legislator visit to the pharmacy to observe the services we provide to patients and talk to them about expanding services in my state.
- Standard of care/future practice ➔
  - Contact my state board or state association to ask how my state is evaluating standard-of-care regulation, full practice authority, and technology-neutral practice frameworks.

ThoughtSpot | CEimpact

Who will share their action steps?

Questions?