priorities that will ensure that our constituents will continue to have access to more than 40,000 community and neighborhood pharmacies across the country and be better able to utilize pharmacists to improve healthcare quality while reducing the cost of care.

Patients have always relied on their local pharmacist to meet their healthcare needs and we as policymakers know our local pharmacists to be important community leaders. They are trusted, highly accessible healthcare providers deeply committed to providing high quality, convenient, and efficient healthcare services. A recent national survey showed that 65 percent of the public view pharmacists as individuals who provide credible advice to reduce health costs and in 2016, pharmacists again ranked second in Gallup's Honesty and Ethics survey.

As demand for healthcare services continues to grow, pharmacists have expanded their role in healthcare delivery, partnering with physicians, nurses and other healthcare providers to meet their patients' needs. Innovative services provided by pharmacists do even more to improve overall patient health and wellness.

Pharmacists are highly valued by those that rely on them most, those in rural and underserved areas, as well as older Americans, and those struggling to manage chronic diseases. Pharmacy services improve patients' quality of life as well as healthcare affordability. By helping patients take their medications effectively and providing preventive services, pharmacists help avoid more costly forms of care. Pharmacists also help patients identify strategies to save money, such as through better understanding of their pharmacy benefits, using generic medications, and obtaining 90-day supplies of prescription drugs from local pharmacies. Pharmacists are the nation's most accessible healthcare providers. In many communities, especially in rural areas, the local pharmacist is a patient's most direct link to healthcare. In fact, 91 percent of Americans reside within five miles of a community pharmacy. Utilizing their specialized education, pharmacists play a major role in medication therapy management, disease-state management, immunizations, healthcare screenings, and other healthcare services designed to improve patient health and reduce overall healthcare costs. Pharmacists are also expanding their role into new models of care based on quality of services and outcomes, such as accountable care organizations (AC0s) and medical homes.

The pharmacy advocates of NACDS RxIMPACT Day on Capitol Hill will be promoting an access agenda. They know that we face difficult debates about the future of healthcare and the pharmacy community wishes to work with us to help in the effort to develop comprehensive and consistent approaches to public policy that put pharmacy's value to work for patients and payers. They understand well that the issues we are debating today are highly connected and vital to pharmacy, to all of healthcare, and to society as a whole.

Specifically, advocates will be working to ensure that any changes to the Affordable Care Act do not jeopardize patient access to their local community retail pharmacy. They will also be seeking our support for H.R. 592, the Pharmacy and Medically Underserved Areas Enhancement Act, a bill I strongly support to allow Medicare Part B to utilize pharmacists to their full capability by providing underserved beneficiaries with services, subject to state scope of practice laws. Already in the 115th Congress, H.R. 592 has 134 cosponsors and the companion bill in the Senate, S. 109, has 32 cosponsors. Finally, they will be talking with us about ways to improve neighborhood pharmacy access for TRICARE beneficiaries and about bringing much-needed transparency and consistency to so-called DIR fees, the complicated fee structure imposed on pharmacies to participate in the Medicare Part D program.

I believe Congress should look at every opportunity to make sure that pharmacists are allowed to utilize their training to the fullest to provide the services that can improve care, increase access and lower costs. In recognition of the Ninth Annual NACDS RxIMPACT Day on Capitol Hill, I would like to congratulate pharmacy leaders, pharmacists, students, and the entire pharmacy community represented by NACDS, for their contributions to the health and wellness of the American people.

HONORING THE LIFE AND SERVICE OF REPRESENTATIVE ENI FALEOMAVAEGA

HON. KEITH ELLISON

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 9, 2017

Mr. ELLISON. Mr. Speaker, I rise today to honor the life and service of Representative Eni Faleomavaega. He passed away on February 22, 2017 in his home at age 73. Representative Faleomavaega was American Samoa's lieutenant governor from 1985 through 1989, and congressional delegate from 1989 through 2014.

Mr. Faleomavaega was born in Vailoatai Village, American Samoa in 1943, and graduated from Brigham Young University. He later earned his Juris Doctor and Master of Law degrees at the University of Houston Law Center and the UC-Berkeley, respectively. He served in the United States Army from 1966 through 1969, and fought in the Vietnam War.

In 1973, Mr. Faleomavaega started his life in public service by working as an administrative assistant to American Samoa's first representative, A.U. Fuimaono. Following a six-year stint as staff counsel for the House Committee on Interior and Insular Affairs beginning in 1975, he became attorney general of American Samoa in 1981.

During his time in the House of Representatives, he helped improve the lives of his constituents, directing essential funding to help the development of schools, infrastructure, and health care in American Samoa. Mr. Faleomavaega was a founding member of the Asian Pacific American Caucus in 1994, and was a tireless advocate on behalf of the wider Asian American and Pacific Islander Community. He served thirteen terms, and was a proud member of both the House Natural Resources Committee and the House Foreign Affairs Committee, where he was a ranking member of the Subcommittee on Asia.

He is survived by his wife, five children and 10 grandchildren. Upon his passing, Mr. Faleomavaega's wife expressed gratitude for the trust placed in him for so many years by the people of American Samoa. I am honored to recognize Representative Eni Faleomavaega for his work as a public servant. We are all better off due to his life of service. He is dearly missed by his friends and colleagues.

COMMUNITY PHARMACIES

HON. H. MORGAN GRIFFITH

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 9, 2017

Mr. GRIFFITH. Mr. Speaker, last month Congressman WELCH and I introduced legislation H.R. 1038, Improving Transparency and Accuracy in Medicare Part D Spending Act. The legislation would help ensure that small business pharmacies get reimbursed at the rate they agreed to when they signed the reimbursement contract with the pharmacy benefit manager (PBMs).

Our bill would prohibit the PBMs/health plans from retroactively reducing pharmacy reimbursement that has already been contractually agreed to. If you fill up your gas tank when the price is $2.09 per gallon and the price later goes up to $2.15, you won't receive a bill demanding payment for the extra six cents per gallon. The same principle should apply to our community pharmacists. They deserve to be reimbursed based on the price of drugs when they are dispensed, not when they are charged. The fact that the PBMs can even do this points to the need for action on this bill and the need for broader Congressional scrutiny of large PBMs.

Most Americans don't know who the large PBMs are and what they do—three large PBMs control roughly 78 percent of the market and manage pharmacy benefits for more than 180 million Americans. PBMs not only manage benefits for insurance companies and employers, they also own their own pharmacies whether that is mail order, specialty or retail.

Unfortunately small pharmacies in Southwest Virginia and Vermont have dealt with direct and indirect remuneration (DIR) fees for the last few years and the fees are only getting worse. The inability of small business community pharmacy owners to plan in advance for these retroactive fees is truly threatening their ability to operate.

Additionally these fees push patients into the donut hole faster than they would otherwise, a fact that CMS has stated. CMS has also stated these fees are increasing costs to the government, especially in the catastrophic phase of the Part D program. Virtually all catastrophic costs in Part D are borne by the government, and they have increased dramatically in recent years—from $10 billion in 2010 to $33 billion in 2015—fueled by pharmacy DIR fees. These PBMs have an extremely robust business relationship with the Federal Government in Part D, FEHB and DOD TRICARE so it certainly seems possible that the Federal Government could be paying more for prescription drugs than it should be.

Our bill was introduced with 15 original cosponsors and we hope that it will see action in the 115th Congress. Prohibiting retroactive fees like this would help CMS have a better ability to understand all the prescription drug spending that is occurring in Medicare Part D. Additionally, Senators SHELLEY MOORE CAPITO (R–WV) and JON TESTER (D–MT) introduced

identical legislation on the Senate side which seeks to attain the same goals. We very much appreciate their leadership on this issue.