

### The PIE Act Makes Waves in Washington D.C.

On Nov. 15, the Pre-Approval Information Exchange Act of 2022 (H.R. 9297) was reintroduced in the House by its lead champion Representative Brett Guthrie (R-KY), Democratic co-lead Representative Anna Eshoo (D-CA), and original co-sponsors Representatives Scott Peters (D-CA), Morgan Griffith (R-VA), Doris Matsui (D-CA), and Michael Burgess (R-TX). Riding off the bill's newfound momentum after its reintroduction, Rep. Guthrie made the rounds across the Capital Beltway to showcase PIE's ability to accelerate patients' access to lifesaving medications. Quoted in an <u>InsideHealthPolicy article</u> (subscription required) on Dec. 5, Rep. Guthrie calls for PIE and other health care policy riders to be passed in a year-end legislative package. The Representative also spoke about the need for transparency within the health care system at <u>Axios' Post-Midterm Health Care Agenda</u> event on Dec. 7. Rep. Guthrie's PIE Act works to improve transparency along the supply chain for pipeline therapies, which is why it's so critical for Congress to pass this legislation before the beginning of the new legislative session in January of 2023. AMCP encourages its members to ask their legislators to support and pass the PIE Act before it's too late. By visiting the Take Action page on AMCP's website, members can email, Tweet, or call their Representative and Senators with a custom or pre-written message that encourages them to vote "Yes" on this indispensable bill.

#### Call on your legislators to pass the PIE Act now.



### Member Benefit! Read the Latest Regulatory NewsBREAKs

As federal agencies release year-end final rules, as well as guidance regarding the Inflation Reduction Act, AMCP continues to update members on important notices through the Regulatory NewsBREAK communication. Originally unveiled in September, Regulatory NewsBREAKs are sent directly to AMCP members' inboxes. The Nov. 21 <u>NewsBREAK</u> covers a Final Rule from the Centers for Medicare and Medicaid Services on changes to the physician fee schedule (PFS). Along with the modifications to the PFS, the NewsBREAK also covers several topics regarding the Medicare Part B program, including an extension of certain telehealth flexibilities, electronic prescribing requirements for controlled substances covered by Part D, and the finalization of certain provisions included in the COVID-19 interim final rule, among other changes.



## **Eye On Washington**

# AMCP CEO Susan A. Cantrell Applauds Reintroduction of the PIE Act

Following the reintroduction of the PIE Act of 2022 (H.R. 9297) in the House, AMCP CEO Susan A. Cantrell spoke with reporters from Managed Healthcare Executive about the benefits of PIE, including its ability to speed up patient access to new medications. "There are a number of examples of where having this [pre-approval] information could be very beneficial in making informed and appropriate decisions about product usage," Cantrell states. She also touches on the emergence of PIE as a top policy priority for AMCP, saying that "our members brought this issue to us back in 2016. I remember it well. It's an issue that arose from discussions with our members about their needs." Along with highlighting the PIE Act as a pressing policy issue, AMCP members continue to act as unwavering advocates by conducting outreach to their elected representatives in support of the bill. Cantrell closes by commending the bipartisan group of legislators who were instrumental in reintroducing the PIE Act on Nov. 15. "It has broad bipartisan support. We have on the House of Representative side, six co-sponsors, three Democrats and three Republicans, so we have, at this point, broad bipartisan support."

View the full interview.

# AMCP Joins Pharmacy Organizations in Request for Medicaid Guidance to States

In response to the COVID-19 pandemic, CMS has taken several steps to ensure that Medicaid and Children's Health Insurance Plan (CHIP) beneficiaries have access to vaccination, testing, and treatment services. This includes guidance clarifying the requirement for states to enroll and reimburse providers authorized by the Public Readiness and Emergency Preparedness Act declaration to provide vaccination services. On Dec. 15, AMCP joined 29 other pharmacy organizations in a letter calling on CMS to provide similar guidance clarifying that states should reimburse clinical services provided by pharmacists at the same rates as other non-physician providers, as was done with vaccine ordering and administration. This guidance would function to ensure Medicaid and CHIP beneficiaries have appropriate access to benefits mandated by the American Recovery Plan Act. Currently, only eight states offer a payment method to pharmacists for the clinical services necessary to prescribe Paxlovid, a treatment for COVID-19. AMCP urges CMS to publish this guidance as soon as possible.

Read the letter to CMS.

### AMCP's Adam Colborn Featured in Politico Pro

After a number of health care policy riders were not included in the Food and Drug Administration's (FDA) User Fee Reauthorization bill on Sept. 30, policy

### Advocacy Tip

Stay up-to-date: Read AMCP's <u>Letters</u>, <u>Statements and Analysis</u> on all legislation and regulation impacting managed care pharmacy.

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BeiGene is a registered trademark owned by BeiGene, Ltd. © BeiGene, Ltd. 2022 All Rights Reserved. stakeholders across the country turned to the post-midterm lame duck Congressional session as the next best chance to pass pressing health care legislation. With the midterm elections resulting in narrow margins of control for both chambers of Congress in the upcoming legislative year, government relations experts view the lame duck session as the most critical opportunity to pass the riders previously excluded in the FDA reauthorization bill. In a Nov. 10 article from Politico Pro, AMCP Director of Government Relations, Adam Colborn, provided insight into the likelihood of health care riders being included in a lame duck legislative package. "I don't think the narrow margins change the plans for health care packages in the lame duck," Colborn explains. This follows the Senate and House health committee's top four lawmakers' pledge to revisit negotiations surrounding health policy riders before the temporary government funding bill expires this month.

Read the full article (subscription required).

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