



## Legislative & Regulatory Briefing

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FEBRUARY 2023

### AMCP CEO Susan Cantrell Reflects on PIE Act Passage

On Dec. 29, AMCP celebrated the passage of its top legislative priority for 2022, the Pre-approval Information Exchange (PIE) Act. However, the journey of the PIE Act from a novel concept to law began far before the current iteration of the bill was reintroduced in Congress last year. In a Jan. 23 blog, AMCP CEO Susan Cantrell recalls the legislative path of PIE, a bill that teetered on the edge of defeat at multiple points throughout the 117th Congress. "PIE's success was the work of many hands across industries and political parties," Cantrell states. "The PIE Act is now law because when the clock was running out, a committed group of stakeholders stayed engaged and on message." She also thanks the numerous stakeholders and AMCP members who were crucial advocates of the PIE Act in the [Jan. 31 episode](#) of the AMCP Podcast Series – Listen Up!

[Read the full blog post.](#)

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## Eye On Washington

### AMCP Joins Health Care Organizations in a Statement on Health Equity

As an organization, AMCP strives to address disparities in medication use and access nationwide. In pursuit of this goal, AMCP joined 76 other health care organizations on a Jan. 27 consensus statement on health equity. In the statement, signatory organizations recognize the complexities of addressing inequity health care. Although the U.S. health care system has outlawed the segregation of care for historically marginalized populations, these complexities remain as a legacy system continues to bolster discriminatory practices in health. The statement also reaffirms each organization's commitment "to working together to end structural discrimination in the health care system and [to] align on a successful strategy for reform." This collaborative effort is imperative for creating an inclusive, equitable, accessible, and high-quality care delivery system.

[View the consensus statement.](#)

### AMCP Responds to Notice of Benefits and Payment Parameters for 2024

On Dec. 21, HHS released a Notice of Proposed Rulemaking (NPRM) titled "Patient Protection and Affordable Care Act, HHS Notice of Benefit and

#### Advocacy Tip

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Payment Parameters for 2024.” The annual proposed rule sets payment parameters and provisions related to the risk adjustment programs, cost-sharing parameters, and user fees for issuers offering plans on federal- and state-based Exchanges. The NPRM also provides standards for several related Affordable Care Act programs. On Jan. 30, AMCP responded with comments that address two issues from the proposed rule: continuing formulary tier limitations for standardized plan options and new limits on the number of non-standardized plan options that issuers may offer through the federal marketplace.

[Read AMCP's comments.](#)

## AMCP Offers Comments on Essential Health Benefits

Last December, CMS unveiled a Request for Information soliciting public comment on issues related to the Essential Health Benefits (EHB) under the Affordable Care Act. AMCP's comments, submitted on Jan. 31, encourage CMS not to switch to an alternative prescription drug classification standard for defining EHB prescription drug categories. Specifically, AMCP is concerned that a change in drug classification systems may present undue administrative burdens and challenges for issuers. This includes potentially significant IT work and expenses for issuers to remap their data warehouses to include the new drug categories. In addition, AMCP fears that a new classification standard may create unintended consequences for patients, who face potential increases in the total cost of care.

[View AMCP's response to the RFI.](#)

## AMCP Comments on Proposed Rule to Strengthen the Medicare Advantage and Part D Programs

On Dec. 27, CMS released an NPRM on changes to the Medicare Advantage and Medicare Prescription Drug Benefit Program for Contract Year 2024. AMCP's comments, submitted on Feb. 13, offer suggestions to strengthen translation and accessible format requirements for Medicare Advantage, Part D, and D-SNP Enrollee marketing and communication materials. In addition, the comments support several of CMS' suggested changes to an approved formulary, as well as the proposed improvements for addressing health equity in Medicare Advantage. AMCP also urges CMS to exercise caution about increasing the size of its MTM program for additional Part D enrollees without confirming that the program provides the necessary value to existing participants.

[Read AMCP's full comment letter.](#)

The advertisement is a vertical banner. At the top, there is a blue banner with white text that reads "NOW APPROVED IN 4<sup>TH</sup> INDICATION". Below this, the Brukinsa logo is displayed, featuring a stylized blue mountain peak and the text "Brukinsa<sup>®</sup> zanubrutinib 80mg capsules". Underneath the logo is a blue button with white text that says "LEARN MORE >". The bottom section of the advertisement features the BeiGene logo, which is a red square with a white stylized 'B' inside, followed by the text "BeiGene MARKET ACCESS". At the very bottom, there is a small copyright notice: "© BeiGene, Ltd. 2022 1122-BRU-PRC-110 12/22".