AMCP CEO Susan Cantrell Discusses High Drug Prices

A recent KFF survey found that 82% of adults in the United States believe that drug prices are unreasonably high. Earlier this month, AMCP CEO Susan Cantrell sat down with Managed Healthcare Executive to discuss the causes of, and solutions to address, high drug prices. Cantrell explains that the development of new, innovative therapies is often seen as a driver of high drug costs but cautions health care entities from implementing barriers that may stifle innovation. Cantrell offers the Medicaid Value-Based Payments for Patients (MVP) Act (H.R. 2666), a bill that would allow more value-based payment arrangements in Medicaid, as one solution to increasing access to high-cost therapies for the country's most vulnerable patient populations. In the interview, Cantrell also speaks to AMCP's role in engaging health care stakeholders and workshopping solutions to address high drug prices. Specifically, AMCP regularly convenes Partnership Forums, where key decision-makers from across the health care ecosystem collaborate on strategies to drive efficiency and improve patient outcomes. Cantrell also touches on the impact of the Inflation Reduction Act (IRA) on drug prices. While AMCP supports several IRA provisions which lower drug prices, Cantrell expresses concerns with the potential unintended consequences for patients, payers, and manufacturers as the law is implemented over the next several years.

Watch Part 1, Part 2, and Part 3 of the interview.



AMCP Submits Comments on Medicare Prescription Payment Plan: Draft Part Two Guidance

The IRA requires all Medicare prescription drug plans to offer their Part D enrollees the option to pay their out-of-pocket Part D drug costs through monthly payments over the course of a plan year, through a program known as the Medicare Prescription Payment Plan (M3P). On March 16, AMCP commented on CMS' Draft Part Two Guidance regarding the M3P program. While AMCP's comments support CMS' efforts to clarify the requirements around program education and outreach, they also warn the agency of the administrative burdens Part D Sponsors may face in implementing the program's outreach, education, and other communications requirements. Furthermore, AMCP is concerned about the program's implementation timeline, and recommends the establishment of a good faith compliance safe harbor or enforcement discretion, as well as the finalization of all forms and materials as quickly as possible.

Read AMCP's comments.

AMCP Comments on Draft CY 2025 Part D Redesign Program Instructions

On Jan. 31, CMS released draft program instructions for the IRA's Part D Redesign program, detailing changes that become effective on Jan. 25, 2025. Under the IRA, CMS must establish the lower annual OOP threshold of \$2000, establish the new Manufacturer Discount Program, and eliminate the Medicare coverage gap, or "donut hole" through a newly defined three-phase Part D benefit. On March 1, AMCP responded to the draft program instructions with a comment letter. AMCP's comments find that the true out-of-pocket limit, the portion of spending on covered Part D drugs made by the beneficiary or on their behalf, should be based on actual payments made by enrollees. The comment letter also addresses the proposed definition of alternative benefit design, supports the absolute percent threshold for evaluating the meaningful difference standard for prescription drug plans, and applauds the clarification around factors included in the calculation of the Medical Loss Ratio.

Read AMCP's comments.

AMCP Comments on Advance Notice of Methodological Changes for Calendar Year 2025

On Jan. 31, CMS also released the 2025 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies. Each year, CMS updates MA payment rates, in addition to technical updates necessary to keep MA payments accurate and on time. On March 1, AMCP submitted a comment letter in response to the



REGISTER NOW!

Join over 4,000 of your peers and colleagues in New Orleans, April 15–18, to discuss the future of managed care pharmacy.

Advanced Rates end March 5.



AMCPANNUAL.ORG

Advance Notice. AMCP's comments raise concerns that the changes proposed will not sufficiently offset rising medical costs, thus reducing health care value for beneficiaries. However, AMCP supports the Administration's goal to align a core set of measures across quality rating and value-based care programs, as well as the proposed updates to the Part D Risk Adjustment model.

Read AMCP's comments.

AMCP | 675 North Washington Street, Suite 220 | Alexandria, VA 22314
You received this email because you are subscribed to Legislative and Regulatory Briefing from AMCP.

Update your email preferences.