



The Honorable John Thune
Senate Majority Leader
Dirksen Senate Office Building 511
Washington, DC 20510

The Honorable Mike Johnson
Speaker of the House
Cannon House Office Building 568
Washington, DC 20515

The Honorable Chuck Schumer
Senate Minority Leader
Hart Senate Office Building 322
Washington, DC 20510

The Honorable Hakeem Jeffries
House Minority Leader
Rayburn House Office Building 2433
Washington, DC 20515

January 30, 2025

Re: Managed Care Pharmacists are Poised to Increase Access and Lower Costs for Patients

Dear Leader Thune, Leader Schumer, Speaker Johnson, and Leader Jeffries:

The Academy of Managed Care Pharmacy (AMCP) is the professional association leading the way to help patients get the medications they need at a cost they can afford. AMCP’s diverse membership of pharmacists, physicians, nurses, biopharmaceutical professionals, and other stakeholders leverage their specialized expertise in clinical evidence and economics to optimize medication benefit design and population health management and help patients access cost-effective and safe medications and other drug therapies. AMCP members improve the lives of nearly 300 million Americans served by private and public health plans, pharmacy benefit management firms, and emerging care models.

With public opinion of U.S. healthcare quality falling to a 24-year low, the need to reestablish public trust and streamline patients’ access to affordable, safe, and effective medications is of the utmost importance.¹ AMCP and its members advocate for bipartisan legislation that eliminates bureaucratic barriers to high-quality, innovative therapies, while lowering the bill footed by patients, families, government, employers, and other healthcare payers. Two bills, the *Medicaid VBPs for Patients (MVP) Act* and the *Access to Prescription Digital Therapeutics Act* offer several pathways to reduce the nation’s overall healthcare spending while fostering a more efficient, navigable healthcare system.

Value-based Purchasing in Medicaid

The *Medicaid VBPs for Patients (MVP) Act* will enhance Medicaid patient access to high-cost, innovative therapies by codifying the existing “multiple best price” rule and modernizing the

framework for value-based purchasing arrangements (VBPs) in Medicaid. VBPs expand access to cutting-edge medicines, such as new cell and gene therapies, which often carry price tags ranging from hundreds of thousands to millions of dollars.ⁱⁱ VBP contracts tie manufacturer compensation to patient outcomes, which is vital for high-cost, highly individualized treatments such as cell and gene therapies that may be effective for one patient, but inadequate for another. While the rule allows pharmaceutical manufacturers to report their “best prices” to CMS for brand name drugs, manufacturers remain hesitant to enter into VBPs with state Medicaid programs given concerns that a drug failing for an individual patient could effectively set the best price at zero dollars.

The *MVP Act* clarifies that the best price paid under a VBP is the maximum possible price paid, assuming all patient outcome indicators are met, but does not prevent Medicaid programs from collecting rebates and other price concessions when a treatment fails to satisfy these benchmarks. The bill will promote access to these therapies for America’s most vulnerable patients, while shielding Medicaid programs from the high costs associated with ineffective or less effective treatments.

Patient Access to Innovative Prescription Digital Therapeutics

The *Access to Prescription Digital Therapeutics Act* will improve care for millions of Americans by expanding coverage of prescription digital therapeutics (PDTs). A growing class of treatment, PDTs are software-based therapies that deliver a clinical benefit to patients, either alone or in combination with other treatments.ⁱⁱⁱ However, many PDTs do not currently fit into one of the statutorily defined coverage categories for the Medicare or Medicaid programs. This leaves beneficiaries of those programs without access to these cost-effective and pioneering treatments. While the CY 2025 Medicare Physician Fee Schedule (PFS) established the first defined coverage framework for a subset of PDTs indicated for behavioral health conditions,^{iv} AMCP estimates that five products would be eligible for coverage under the PFS, excluding many PDTs already cleared or authorized by the FDA.^v This bill will expand the number of PDTs eligible for coverage under Medicare and Medicaid, as well as direct CMS to establish additional payment methodologies and product-specific Healthcare Common Procedure Coding System (HCPCS) codes.

Like other prescription therapies, PDTs are tested for safety and efficacy in randomized clinical trials, reviewed and approved by the FDA, and prescribed by a health care provider. PDTs treat a wide variety of diseases and conditions, including mental and behavioral health issues, substance and opioid use disorders, Parkinson’s disease, and diabetes. Many can be used on a mobile phone, which helps improve patient outcomes by displaying care reminders and allowing patients to access their therapies in any setting. Although private health payers may elect to cover PDTs, the current patchwork of reimbursement strategies and coding practices

restricts patients' access. Importantly, the *Access to Prescription Digital Therapeutics Act* does not mandate coverage for PDTs. It assuages concerns around the existing lack of a reimbursement structure, while providing managed care organizations with a straightforward pathway to grant coverage for America's most vulnerable populations.

Patient Access to Essential Pharmacy Care Services

The *Equitable Community Access to Pharmacy Care Services (ECAPS) Act* (S. 2477/H.R. 1770), introduced in the 118th Congress, is a bipartisan bill that would expand access to essential pharmacy patient care services, including testing and treatment for influenza, respiratory syncytial virus (RSV), strep throat, and pneumococcal disease. The ECAPS Act would authorize reimbursement for these services under Medicare Part B, which are particularly important for older Americans at higher risk of complications from viral infections. Pharmacists are the most accessible health care professional in the United States, with 89 percent of Americans living within five miles of a pharmacy.^{vi} As such, pharmacists are well-positioned to relieve the burdens imposed by provider shortages, particularly in rural areas. AMCP urges Congress to reintroduce and pass this critical legislation to expand patient access to potentially lifesaving care.

Pharmacy Benefit Manager Reform

As policymakers' appetite for significant reform of pharmacy benefit managers (PBMs) grows, AMCP also reiterates its support for measures that strike a balance between market-oriented principles and prudent regulations. PBMs, which administer pharmacy benefits to roughly 275 million Americans, are increasingly targeted by policymakers in well-meaning attempts to contain rising prescription drug prices.^{vii} This includes efforts to bring greater transparency to the pharmaceutical pricing marketplace, such as requirements for PBMs to regularly report information about aggregate rebates and other non-proprietary pricing data to the relevant regulatory agencies. Yet, other proposed restrictions on PBM business practices, such as prohibitions on the use of utilization management tools, may foster unintended consequences and ultimately increase overall health plan costs.

Last September, AMCP member Dr. Joey Mattingly testified before the House Judiciary Subcommittee on the Administrative State, Regulatory Reform, and Antitrust to discuss the role of PBMs and their ability to control access to and pricing of pharmaceuticals. Dr. Mattingly's testimony reinforces the fact that PBMs are just one of the many actors in an increasingly complex and interconnected pharmaceutical supply chain, and that heightened scrutiny of a single actor overlooks many of the other drivers behind America's increasingly high drug costs.^{viii} Regardless of the direction Congress may take in reforming PBMs, AMCP encourages policymakers to take a holistic view of pharmacy care to prevent unanticipated effects that may negatively impact patients.

Conclusion

AMCP and its members have worked in conjunction with federal policymakers since the early 1990s, developing educational materials on managed care policy, actualizing the Medicare Modernization Act's medication therapy management requirements, facilitating pre-approval information exchange, and orchestrating stakeholder consensus around best practices for implementing recently mandated changes to the Medicare drug benefit.^{ix} In 2025, we look forward to working alongside the 119th Congress to advance the *Medicaid VBPs for Patients (MVP) Act*, the *Access to Prescription Digital Therapeutics Act*, and the *Equitable Community Access to Pharmacy Services (ECAPS) Act*. We remain committed to advancing common-sense solutions to provide affordable, accessible healthcare nationwide. Please reach out to Adam Colborn at acolborn@amcp.org or 703.684.2627 if you have questions or if we can assist you in any way.

Sincerely,



Susan A. Cantrell, RPh, MHL, CAE
Chief Executive Officer
Academy of Managed Care Pharmacy

CC:

Senator Mike Crapo
Senator Ron Wyden
Senator Bill Cassidy
Senator Bernie Sanders
Representative Brett Guthrie
Representative Frank Pallone
Representative Buddy Carter
Representative Diana DeGette
Representative Jason Smith
Representative Richard Neal
Representative Vern Buchanan
Representative Lloyd Doggett

ⁱ Brenan, M. (2024, December 20). *View of U.S. Healthcare Quality declines to 24-year low*. Gallup.com. <https://news.gallup.com/poll/654044/view-healthcare-quality-declines-year-low.aspx>

ⁱⁱ Shaw, M. L. (2023, November 9). *High-cost gene therapies present reimbursement, access challenges*. AJMC. <https://www.ajmc.com/view/high-cost-gene-therapies-present-reimbursement-access-challenges>

ⁱⁱⁱ Academy of Managed Care Pharmacy. (2024, April 26). *Prescription Digital Therapeutics*. AMCP.org. <https://www.amcp.org/legislative-regulatory-position/prescription-digital-therapeutics>

^{iv} Centers for Medicare and Medicaid Services. (2024, November 1). *Calendar year (CY) 2025 Medicare Physician Fee Schedule Final Rule*. CMS.gov. <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-final-rule>

^v Academy of Managed Care Pharmacy. (2024, September 10). *AMCP Comments on the 2025 Medicare Physician Fee Schedule*. amcp.org. https://www.amcp.org/sites/default/files/2024-09/AMCP_Comments_2025_Fee_Schedule.pdf

^{vi} Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis
Berenbrok, Lucas A. et al. *Journal of the American Pharmacists Association*, Volume 62, Issue 6, 1816 - 1822.e2

^{vii} Mikulic, M. (2023, May 22). *Number of Americans served by PBMS by Insurance Type 2023*. Statista. <https://www.statista.com/statistics/1172652/pbms-number-of-served-us-persons/>

^{viii} The Role of Pharmacy Benefit Managers: Hearing before the Subcommittee on the Administrative State, Regulatory Reform, and Antitrust, of the House Committee on the Judiciary, 118th Cong. (2024) (testimony of T. Joseph Mattingly II, PharmD, MBA, PhD).

^{ix} Academy of Managed Care Pharmacy. (2024). *History of the Academy of Managed Care Pharmacy*. AMCP.org. <https://www.amcp.org/about/about-amcp/amcp-history-overview>