The One Big Beautiful Bill Act Becomes Law

Following months of back-and-forth negotiations, record-breaking procedural votes, and a deluge of social media posts, President Trump signed H.R. 1, the One Big Beautiful Bill Act, into law on July 4. The 330-page budget reconciliation package features a slate of the Trump administration's priorities, including increased border security and defense funding along with an extension of the 2017 Tax Cuts and Jobs Act. However, these priorities are offset by substantial spending cuts on federal benefits, most notably Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and other health care programs under the Affordable Care Act (ACA). This includes a provision which drastically reduces provider tax rates, which states often use to supplement their Medicaid budgets, as well as a provision mandating work requirements and additional bureaucratic hoops for certain beneficiaries who wish to remain enrolled in their plans. The reconciliation package also caps lifetime federal graduate student loan support at $200,000 per borrower. AMCP recently expressed concern with several of these provisions, which could lead to a loss in health insurance coverage for up to 17 million Americans. For more insight, please visit the recording of AMCP's July 14 webinar on the law's expected impacts for managed care, available for free to AMCP members.

Click here for a full summary of each of the health care-related provisions in H.R. 1. An impact analysis is available here.

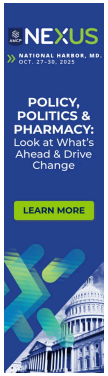
Big, Beautiful Impact Analysis

Looking Ahead to the Inaugural AMCP Pharmacy Policy Summit

On Oct. 27, AMCP will host its inaugural Pharmacy Policy Summit at the Gaylord National Resort in National Harbor, MD. AMCP is also proud to announce that award-winning journalist Robert Costa, chief Washington analyst for CBS News, will present the opening keynote session to kick off the event. Throughout the day, attendees will receive a peek into federal health policy priorities in 2025 and beyond, a review of the expected impacts of the One Big Beautiful reconciliation package, and updates on trending topics such as Pharmacy Benefit Manager, 340B drug discount program, and drug patenting reform. Hear from panelists representing government agencies, associations, and academia, and connect with fellow health policy experts during the multitude of networking opportunities in between and after the sessions. Save $100 when you bundle your Pharmacy Policy Summit registration with your AMCP Nexus 2025 registration. And don't miss out on former Speaker of the U.S. House of Representatives Paul Ryan, who will headline the AMCP Nexus 2025 keynote session on Oct. 28.

Register for the AMCP Pharmacy Policy Summit today.

Register Today



CMS Unveils Proposed Calendar Year 2026 Medicare Physician Fee Schedule

On July 14, CMS published the Calendar Year 2026 Medicare Physician Fee Schedule (PFS) proposed rule. The PFS, which is the first proposed fee schedule to be released under the direction of HHS Secretary Robert F. Kennedy Jr. and CMS Administrator Dr. Mehmet Oz, proposes several policies geared towards cutting spending waste, enhancing quality measures, and improving chronic disease management for Medicare beneficiaries. This includes a 3.83% pay increase for doctors in alternative payment models (APMs), a 3.62% increase for physicians operating outside of APMs, changes to the calculation of inflationary rebates and

Average Sales Prices as mandated by the Inflation Reduction Act, and the implementation of a new Ambulatory Specialty Care model through the CMS Innovation Center, among other policies. Of note, the PFS also proposes broader payment policies for digital mental health treatment devices, a subset of Prescription Digital Therapeutics indicated for mental and behavioral health conditions. However, the proposed PFS did not include additional information on the administration's Most Favored Nation drug pricing policy, which was expressed in a May 12 Executive Order. AMCP is currently drafting comments in response to the proposed PFS. The 60-day public comment period for this proposed rule closes on September 12, 2025.

Click here to view the proposed CY 2026 PFS as published in the Federal Register. Click here for a summary provided by CMS.

AMCP Comments on RFI Regarding HHS Deregulatory Efforts

On May 14, HHS published a Request for Information (RFI), as part of "the largest deregulatory effort in the history of the Department," seeking public input on opportunities to dramatically deregulate across all areas covered by the Department. The RFI encourages commenters to submit deregulation efforts that align with the administration's "Make America Healthy Again" priorities, focusing on preventing and combatting chronic disease. On July 14, AMCP responded with comments which highlighted the use of precision medicine. Precision medicine uses a patient's genetic information to create personalized treatment plans and procedures. While traditionally used in common procedures such as blood transfusions, its application is rapidly expanding to more complex care such as cancer treatment. Yet, an existing regulation known as the "14-day rule" may inhibit the use of precision medicine. AMCP's comments highlight the "14-day rule," which prohibits independent laboratories from billing Medicare for molecular diagnostic tests if they are ordered within 14 days of the patient's discharge from a hospital, as a regulation ripe for elimination given its tendency to cause delays in treatment. AMCP believes that the 14-day rule also imposes undue consequences on small laboratory businesses and discourages investment in novel diagnostic technologies. Altogether, these unintended impacts position the 14-day rule as a burdensome requirement with limited to no clear health benefit.

Read AMCP's comments here.

Read the Letter

Supreme Court Issues Ruling on the Constitutionality of the USPSTF

HHS established the U.S. Preventive Services Task Force (USPSTF) in 1984 to provide evidence-based recommendations to insurers regarding coverage of preventive health care services. Under the ACA, public and private insurers are required to cover preventive services as recommended by the USPSTF, without implementing a cost-sharing arrangement. Opponents of this requirement recently challenged the constitutionality of the USPSTF, arguing that that Task Force members must be appointed by the President and confirmed by the Senate. Although a federal district and circuit court both upheld this argument, the case was eventually elevated to the Supreme Court. Last month, the Court ruled 6-3 in *Kennedy v. Braidwood Management, Inc.* that USPSTF panelists qualify as "inferior officers" operating under the authority of the HHS Secretary, thus not requiring Senate confirmation. The Supreme Court's ruling reaffirms the constitutionality of the USPSTF and its role in recommending coverage of preventive services.

Read AMCP's summary of the ruling here.

Read AMCP's Summary

AMCP In the News: Women's Health Treatments, Access to Biosimilars

This month, AMCP made headlines across the managed care pharmacy field. On July 8, *Fierce Pharma* published a story on the Biosimilar Red Tape Elimination Act (S. 1954), highlighting the push to remove bureaucratic barriers to biosimilar access. The bill specifically revises the statutory definition of "interchangeability," thus removing the distinction between biosimilars and interchangeable biosimilars. AMCP and dozens of other advocacy groups, professional associations, and trade organizations delivered a letter to Senate Health, Education, Labor, and Pensions Committee and House Energy & Commerce Committee leadership thanking them for reintroducing the bill this Congress, while urging continued support in shepherding the bill towards passage. Also on July 9, *Managed Healthcare Executive* published an interview with AMCP CEO Susan Cantrell, where she discussed the role of FDA approval and formulary decisions in coverage of women's health treatments. "There's a balance of clinical decision-making, ensuring appropriate therapy, and also making sure that we try the more established therapies before moving on to something that might be costlier and less tried and true," Cantrell stated. Cantrell added that commercial coverage of menopause symptom treatment may very by FDA approval status, which relies on clinical data.

Read about AMCP in *Fierce Pharma* and *Managed Healthcare Executive*