



January 8, 2024

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9895-P
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically via regulations.gov

Re: Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025; Updating Section 1332 Waiver Public Notice Procedures; Medicaid; Consumer Operated and Oriented Plan (CO-OP) Program; and Basic Health Program (CMS-9895-P)

Dear Sir or Madam:

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to comment on the proposed rule, "Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025; Updating Section 1332 Waiver Public Notice Procedures; Medicaid; Consumer Operated and Oriented Plan Program; and Basic Health Program" (Proposed Rule), issued November 24, 2023.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes, and ensuring the wise use of healthcare dollars. Through evidence and value-based strategies and practices, AMCP's nearly 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models, and government health programs.

Coverage of Prescription Drugs as EHB

AMCP broadly supports CMS' proposal to codify its existing policy on the coverage of prescription drugs as Essential Health Benefits (EHB) subject to the limitations on cost sharing and the restriction on annual and lifetime dollar limits. AMCP believes that these cost-sharing protections will enhance patient access to needed care and further advance health equity. The current state benchmarking process for EHBs includes a great deal of variability and gaps in coverage for important categories such as maternity care and substance use disorder (SUD). This variability increases the potential for health disparities. AMCP believes that EHB should continue to be refined over time to ensure a more equitable healthcare system.

AMCP cautions, however, that expanded EHB will likely impact plan sponsors' ability to manage prescription drug costs, which may lead to increased premiums. CMS should consider whether the risk adjustment methodology appropriately supports this policy and whether plan sponsors may need additional benefit design flexibilities or other assistance to help contain costs.



Formulary Classification System

AMCP is concerned about the potential risks of shifting from the United States Pharmacopeia (USP) Medicare Model Guidelines (USP MMG) to the USP Drug Classification system (USP DC), specifically due to the potential administrative burden and challenges of switching drug classification systems. Expanding coverage requirements to include high cost, low clinical value drugs will primarily benefit drug companies and potentially increase waste. This shift would likely increase costs and premiums without adding a corresponding clinical benefit to patients.

If CMS decides to transition to USP DC, AMCP suggests excluding infertility drugs, sexual dysfunction drugs, and weight loss drugs from the definition of EHB to help contain costs. Risk adjustment calculations may need to be updated to account for any new EHB drugs. Sufficient time also needs to be allocated for plans and pharmacy benefit managers (PBMs) to effectuate this transition to the USP DC. AMCP recommends a lead time of at least 2 to 3 years to determine what changes are necessary, analyze premium implications, update systems, and ensure that any unexpected operational challenges can be addressed prior to implementation.

Non-Standardized Plan Option Limits

AMCP supports CMS' proposal to use an exceptions process to allow issuers to offer more than two non-standardized plans if issuers demonstrate specific design features that substantially benefit consumers with chronic and high-cost conditions. This proposal aligns with AMCP's strategic priorities, which include optimizing value and access and addressing health disparities.¹ Reducing costs will improve patient access and decrease health disparities, especially within disadvantaged populations which are greatly impacted by chronic conditions. CMS should encourage issuers to ensure information about each plan is easy for patients to understand and should continue to consider ways to encourage innovative plan designs that would benefit consumers with chronic, high-cost conditions.

Conclusion

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing to work on these issues with HHS and CMS. If you have any questions regarding AMCP's comments or would like further information, please contact AMCP's Manager of Regulatory Affairs, Vicky Jucelin, at vjucelin@amcp.org or (571) 858-5320.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Susan A. Cantrell'.

Susan A. Cantrell, MHL, RPh, CAE
Chief Executive Officer

¹ <https://www.amcp.org/about/about-amcp/amcp-strategic-priorities>