



MAY 12-14, 2025

LEGISLATIVE DAYS





PHARMACY POLICY Summit 2025

S A V E T H E D A T E

Oct. 27, 2025

Gaylord National Harbor, MD

Join us for AMCP's inaugural Pharmacy Policy Summit at the Gaylord National Harbor. This DC-based event will bring together AMCP members, health policy experts, patient advocates, and industry leaders to shape the future of pharmacy policy.



Learn more about the AMCP Pharmacy Policy Summit amcpnexus.org/policy-summit

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It's hard to believe, but our annual "Legislative Days" event is already here again. We gathered last year during an intense Presidential election with one goal in mind—to advocate for policies that would improve patient access to affordable medication.

Now, with the new administration bringing seismic shifts to the health care landscape and public health, uncertainty feels like it is at an all-time high. But that's why I am inspired by you—our members. Your advocacy this week in Washington, D.C. will be crucial. You have traveled from all over the country to educate Members of Congress and drive a constructive dialogue in a time of change.

As we prepare to visit the Hill, I am reminded of AMCP's important mission: working together to get patients the medicine they need at a cost they can afford. Because of you, we are one step closer.

Thank you for joining us, and I look forward to an exciting week.

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



Being a member of AMCP means a lot to me because we have the chance to better the lives of patients across America. One of the most powerful ways is through advocacy—our ability to influence the laws that govern health care. We saw this in action with the passage of the Pre-approval Information Exchange Act in 2022, an idea created by AMCP members. There has been a lot of change in our profession over the last few years. Now more than ever, we must use our voice as pharmacists to ensure that patients receive the best care possible.

With our busy day jobs, I know it can be a challenge to find the time to devote to advocacy. But these Legislative Days energize me; every time, I return home more motivated than ever and more certain that we collectively can make a difference. I am excited to be here, especially with all of you—my fellow AMCP members.

Thank you for joining us. As we look to connect with one another and policymakers, let's make the most of the next few days. Together, we can improve the lives of patients across the country.

Carly Rodriguez , PharmD, FAMCP
President of the Board of Directors



MONDAY, MAY 12: WASHINGTON MARRIOTT CAPITOL HILL

6:00-7:00 pm	Welcome Reception	
7:00-9:00 pm	Welcome Dinner	

TUESDAY, MAY 13: WASHINGTON MARRIOTT CAPITOL HILL

7:30-9:00 am	Breakfast	
9:00-9:30 am	First Timers' Session (Optional for Past Attendees)	Adam Colborn, AMCP
9:30-10:30 am	Keynote: "Advocacy in a Divided Time"	David Lusk, Key Advocacy
10:30-11:00 am	Using the Advocacy Day App	Tyler Thorne, AMCP
11:00am-12:00 pm	Continuing Education: Health Care and the Judiciary	Haider Andazola, Manatt Phelps, and Phillips
12:00-1:00 pm	Lunch Buffet	
1:00-2:00 pm	Overview of AMCP's 2025 Legislative Asks	Tom Casey, AMCP
2:00-2:30 pm	Break	
2:30-3:00 pm	Hill Meeting How-To: Constituent Meeting Best Practices	Tiber Creek Group
3:00-3:30 pm	State of Play in Congress and the Administration	Tiber Creek Group
3:30-4:30 pm	Leave-behind Distribution, Meeting Practice, Free Time	
5:30-6:30 pm	Awards Reception Honoring Senator Capito and Senator Shaheen	
6:30-9:00 pm	Capitol Dinner	

WEDNESDAY, MAY 14: WASHINGTON MARRIOTT CAPITOL HILL, TOP OF THE HILL BANQUET AND CONFERENCE CENTER

7:30-9:00 am	Breakfast	At Washington Marriott Capitol Hill
9:00am-5:00 pm	Capitol Hill Meetings	Hospitality Suite at Top of the Hill Banquet and Conference Center

You may depart as soon as your last meeting has concluded.



Prescription Digital Therapeutics

Prescription digital therapeutics (PDTs) are evidence-based treatments that use software or virtual tools, and sometimes hardware, to deliver a clinical benefit to patients. These innovative products may identify, treat, or manage illnesses across a wide range of conditions, including post-traumatic stress disorder (PTSD), diabetes management, substance and opioid use disorders, attention-deficit hyperactivity disorder (ADHD), chronic back pain, and decreasing eyesight. PDTs are subject to review and authorization by the Food and Drug Administration (FDA) and must be prescribed by a health care provider. While private health payers and even certain public payers like the Veterans Health Administration already provide some beneficiaries access to PDTs, Medicare limits coverage to a subset of products indicated for behavioral health treatment. The lack of a statutorily defined benefit category prevents Medicare and Medicaid from providing patient access to all PDTs. AMCP supports the **Access to Prescription Digital Therapeutics Act (S. __/H.R. __)**, which would create a new Medicare benefit category for PDTs and direct the Centers for Medicare and Medicaid Services (CMS) to establish appropriate payment methodologies for these treatments. The Access to PDTs Act will help millions of Americans receive innovative care to treat a growing range of conditions and illnesses.

Value-based Care in Medicaid

Value-based payment arrangements are critical tools for ensuring patient access to high-cost treatments, such as cell and gene therapies. Many high-cost drugs have highly variable outcomes between patients; what works for one patient may be ineffective for another. This makes value-based agreements, where compensation is tied to patient outcomes, more important than ever. Some therapies may only ever be available through value-based agreements. Unfortunately, value-based arrangements remain underutilized in Medicaid, limiting access for America's most vulnerable patients to the care they need. AMCP supports the **Medicaid VBPs for Patients (MVP) Act (S. __/H.R. __)**, which would incentivize greater use of value-based agreements by codifying the existing multiple best price rule for Medicaid and modernizing the way pharmaceutical manufacturers report pricing structure data to CMS. This important bipartisan legislation will expand access for vulnerable patients to high-cost, life-changing therapies that may only be available under value-based arrangements. The MVP Act further improves value-based purchasing agreements in Medicaid by expanding their use to inpatient drugs as well. This will allow patients to receive the care they need in whatever setting is most appropriate while protecting Medicaid from paying for treatments that do not have the expected outcomes for patients.

Reimbursement for Pharmacist-Provided COVID-19 Care

Pharmacists are the most accessible health care providers, with nearly 90% of Americans living within five miles of a pharmacy, and patients are increasingly relying upon pharmacists as their first point of care. This is especially true in rural areas where 77% of community pharmacies serve population areas of 50,000 or fewer, making pharmacists an essential care provider to medically underserved communities. Pharmacists played a key role in America's response to the COVID-19 public health emergency by ordering and administering COVID-19 tests, treatments, and vaccines, as well as providing other services to prevent the spread of influenza, respiratory syncytial virus (RSV), and strep throat. With the end of the COVID-19 pandemic public health emergency on May 11, 2023, patients stand to lose access to vital care from their pharmacist. AMCP supports **the Ensuring Community Access to Pharmacist Services Act (S. __/H.R. __)**, which would extend certain provisions put in place during the public health emergency that have been a critical lifeline for millions of patients. The bill would also establish coverage and reimbursement under Medicare Part B to enable and empower pharmacists to perform vital services in their communities for beneficiaries of these programs.

Inflation Reduction Act Implementation

AMCP seeks to establish consensus among health care industry stakeholders and provide CMS with valuable insight from managed care practitioners to guide the agency's implementation of the Inflation Reduction Act's (IRA) drug pricing provisions. The prescription drug pricing provisions of the IRA significantly alter the Medicare program, including by requiring CMS to negotiate prices for certain single-source drugs with the highest cost to Medicare, requiring drug manufacturers to pay a rebate to CMS if a drug's price increases faster than inflation, and redesigning the Part D prescription drug benefit. Several of the IRA's most important provisions, including the Medicare Drug Price Negotiation Program, will not be fully implemented for several years. Certain provisions, such as the Medicare Prescription Payment Plan, will be challenging to implement. AMCP shares CMS's commitment to improving seniors' access to safe and cost-effective treatments.

Increasing the Uptake of Biosimilars

AMCP supports enhanced federal research funding to produce real-world evidence on biosimilar utilization to inform care and public policy decisions. Biological products (biologics) are derived using cells and tissue from living organisms such as humans, animals, and microorganisms. Biologics have vastly improved the treatment of conditions such as rheumatoid arthritis, anemia, and various forms of cancer. Biologics are often extremely costly due to greater manufacturing complexity, higher research and development investment, and lack of competition. While biologics make up less than 5% of U.S. prescriptions by volume, they account for over 40% of net spending on prescription drugs. The high cost of biologics places financial stress on payers and prevents some patients from accessing crucial therapies. AMCP believes that speeding the adoption of biosimilars, which are certified by the FDA to be highly similar to a reference biologic, can help control drug spending through competition while providing patients with the same high-quality treatments. According to a recent analysis from IQVIA, biosimilar adoption could save the health care system over \$181 billion by 2027. One key barrier limiting the use of biosimilars is the lack of patient and provider education and misinformation about the relative safety of using biosimilar products.

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ISSUE BRIEF

ACCESS TO PRESCRIPTION DIGITAL THERAPEUTICS ACT (S.____ / H.R.____)



BACKGROUND

The Access to Prescription Digital Therapeutics Act (S. ____/H.R. ____) is an important bipartisan bill that will improve care for millions of Americans by expanding coverage of prescription digital therapeutics (PDTs). A rapidly growing class of treatments, PDTs are software-based therapies that deliver a clinical benefit to patients, either alone or in combination with other treatments. Many PDTs even offer providers the ability to monitor medication adherence and clinical outcomes. However, most 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, which include some of America's most vulnerable populations, without access to these cost-effective and cutting-edge treatments.

This bill will expand the number of PDTs eligible for coverage under Medicare and Medicaid and direct the Centers for Medicare and Medicaid Services (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 Food and Drug Administration (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 landscape is a patchwork of reimbursement strategies and coding practices. This leads to confusion and underutilization.

AMCP Urges Passage of the *Access to Prescription Digital Therapeutics Act*

AMCP supports the *Access to Prescription Digital Therapeutics Act*. Expanding coverage of PDTs will improve care for millions of American patients and help standardize reimbursement practices and coding of these therapies across both public and private payers. This bill will help ensure that the greatest number of patients possible are receiving innovative, modern care, which is especially vital for closing care gaps caused by specialist shortages or geographic obstacles. As private payers continue to expand coverage, the lack of a comprehensive benefit category creates a disparity of access for Medicare and Medicaid beneficiaries. AMCP urges Members of Congress to cosponsor and ultimately enact the *Access to Prescription Digital Therapeutics Act* (S. ____/H.R. ____) to authorize stable, comprehensive coverage under Medicare and Medicaid, thereby increasing patient access and quality of care.

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Learn more and take action at
amcp.org/policy-advocacy



SCAN ME



ISSUE BRIEF

MEDICAID VBPs FOR PATIENTS ACT (S.____ / H.R.____)

BACKGROUND

The *Medicaid VBPs for Patients (MVP) Act* (H.R.____/S.____) is an important bipartisan bill that will enhance Medicaid patient access to new, high-cost therapies, such as cell and gene therapies, by modernizing the framework for value-based purchasing arrangements in Medicaid. It also protects Medicaid from paying for high-cost treatments that are not effective. The MVP Act codifies the existing “multiple best price” rule that allows manufacturers to report multiple best prices, the lowest drug price paid by any health payer, for drugs that are subject to value-based purchasing arrangements when certain other criteria are met.

Pharmaceutical manufacturers have sometimes been unwilling to offer value-based arrangements for their products due to concerns that a drug failing for an individual patient could effectively set the best price available to Medicaid at zero dollars. The MVP Act clarifies that the best price under a value-based arrangement is the maximum possible price, assuming all patient outcome benchmarks are satisfied. Importantly, this does not mean that Medicaid programs are prohibited from collecting rebates or other price concessions under a value-based arrangement when the treatment fails to meet its benchmarks. For example, cell and gene therapies are complex treatments that may be effective for one patient but not another. The MVP Act further updates requirements for manufacturers to report information related to pricing structures for value-based arrangements to the *Centers for Medicare and Medicaid Services (CMS)*.

AMCP Urges Passage of the MVP Act

AMCP strongly supports the passage of the MVP Act. Medicaid beneficiaries are among America’s most vulnerable patients. Value-based payment arrangements are a critical tool for promoting patient access to high-quality, affordable care. The MVP Act ensures that the proper channels exist to connect Medicaid patients with the therapies they need. Without wider participation in value-based payment agreements, Medicaid programs may be forced to choose between not covering a drug or paying for a treatment that does not have the expected benefit for the patient. AMCP urges Congress to pass the MVP Act (H.R.____/S.____). This important legislation will improve patient access to life-changing, potentially lifesaving, treatments. Value-based arrangements promote patient health while protecting Medicaid programs’ budgets. As more innovative therapies come to market, it is essential to equip Medicaid programs with the tools they need to be successful.

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SCAN ME



ISSUE BRIEF

ENSURING COMMUNITY ACCESS TO PHARMACIST SERVICES ACT

BACKGROUND

The *Ensuring Community Access to Pharmacist Services (ECAPS) Act* (H.R. ___/S. ___) is an important bipartisan bill that ensures patients maintain access to essential pharmacist services and strengthens America's public health preparedness.

The ECAPS Act makes permanent public health emergency authorities related to pharmacist patient care services, including testing and administering prophylactic treatment. The Department of Health and Human Services granted pharmacists the ability to perform these services using authorities in the *Public Health Service Act* and the *Public Readiness and Emergency Preparedness Act*. It also automatically allows pharmacists to perform these patient care services during future public health emergencies. HHS has extended the current pharmacist patient care authorities through 2029, reiterating the need for a statutory fix to make these authorities permanent. The ECAPS Act also allows these services to be covered and reimbursed under Medicare Part B, ultimately enabling more patients to access them through their pharmacy.

With nearly 90% of Americans living within five miles of a pharmacy, pharmacists have played a key role in America's public health infrastructure by ordering and administering tests and treatments and providing services to prevent the spread of influenza, Respiratory Syncytial Virus, strep throat, and COVID-19.

AMCP Urges Passage of the *Ensuring Community Access to Pharmacists Services Act*

AMCP supports the *Ensuring Community Access to Pharmacist Services Act*. This bill will help ensure that Americans can continue to rely on pharmacists as essential partners in pandemic preparedness and response. The ECAPS Act will also improve patient access to tests and treatments by authorizing pharmacists to provide these services and receive reimbursement under Medicare Part B. The ECAPS Act addresses disparities in public health preparedness in medically underserved communities like rural areas by allowing these patients to seek care from their most accessible provider.

AMCP calls on Members of Congress to cosponsor and ultimately enact the *Ensuring Community Access to Pharmacist Services Act* (H.R. ___/S. ___), which will preserve access to essential care administered by pharmacists and increase the country's readiness for future public health emergencies.

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SCAN ME



LEGISLATIVE DAYS

MAY 12-14, 2025 | **SAMPLE MEETING INTRODUCTION**

Please note: The following script is a template for you to practice introductions prior to your Hill meetings. Please do not read this script verbatim.

Good morning/afternoon!

My name is _____, and I am here today on behalf of the Academy of Managed Care Pharmacy. AMCP is a professional association whose members apply clinical and scientific evidence to support the appropriate use of medications while optimizing the use of limited health care resources.

Our nearly 8,000 members include pharmacists, physicians, nurses, and professionals who are employed by health plans, pharmaceutical manufacturers, PBMs, and other entities within the managed care pharmacy space.

As an AMCP member and constituent of _____ (Your Home District or State), I've come to discuss three critical bills that will expand patients' access to innovative therapies and empower pharmacists to perform vital services—the Access to Prescription Digital Therapeutics Act, the Medicaid VBPs for Patients Act, and the Ensuring Community Access to Pharmacist Services Act.



PRIMARY ISSUE

Access to Prescription Digital Therapeutics Act

The *Access to Prescription Digital Therapeutics Act* (S. ___/H.R. ___) is AMCP's top priority for Legislative Days 2025. This topic is the first one that should be raised during your Congressional meetings.

ASK: AMCP supports the *Access to Prescription Digital Therapeutics Act* (S. ___/H.R. ___), and I encourage the Senator/Congressman/Congresswoman to co-sponsor it.

Sponsor office contacts:

Rep. Hern: Meg Maykoski, Legislative Assistant, meg.maykoski@mail.house.gov

Rep. Thompson: Tyler Adams, Legislative Assistant, tyler.adams2@mail.house.gov

Sen. Shaheen: Vic Goetz, Legislative Assistant, vic_goetz@shaheen.senate.gov

Sen. Capito: Dana Richter (pronounced "Dan-uh", not "Dain-uh"), Senior Policy Advisor, dana_richter@capito.senate.gov

About the Access to PDTs Act:

- **Prescription Digital Therapeutic Definition:** Establishes a definition for prescription digital therapeutics (PDTs) under the Social Security Act, which is important because there is currently no standard definition delineating PDTs compared to other digital health technologies. The bill establishes conditions under which a product, device, internet application, or other technology is a PDT:
 - o Is cleared or approved under section 510(k), 513(f)(2), or 515 of the Federal Food, Drug, and Cosmetic Act (FDA-cleared);
 - o Has a cleared or approved indication for the prevention, management, or treatment of a medical disease, condition, or disorder; and
 - o Primarily uses software to achieve its intended result.
- **Medicare and Medicaid Coverage:** This bill would expand access to PDTs for millions of seniors and low-income households, who currently have limited or no access to them because most PDTs are not included in any of the existing statutory benefit categories for those programs.
 - o The bill achieves this by adding PDTs to the list of statutory benefits for Medicare and Medicaid. It does not create a new Medicare "Part." These programs are defined-benefit programs, which means that CMS generally only authorizes coverage for products or services that are listed in the Social Security Act.
 - Specifically, the bill amends Section 1861(s)(2) to add a new subparagraph: "(KK) prescription digital



therapeutics furnished on or after January 1, 2024;" (Medicare) and amends Section 1905(a) to add a new subparagraph: "(31) prescription digital therapeutics (as defined in section 1861(nnn))" (Medicaid).

- o **This bill does not mandate coverage.** It will allow CMS to cover PDTs under the same determination processes it uses for other drugs or devices when it deems that PDT is reasonable and necessary for the diagnosis or treatment of an illness or injury. Currently, Medicare may only cover a subset of PDTs authorized by the FDA to manage or treat behavioral health conditions, known as digital mental health treatment devices (DMHTs) using incident-to billing. Only a handful of state Medicaid programs cover certain PDTs after receiving waivers from CMS. For instance, Massachusetts, Florida, and California have contracted with PDT companies to provide patients access to products indicated to treat substance and opioid use disorders.
- **Coding and Reimbursement:** In addition to improving access to PDTs for individuals in public health insurance programs, the bill directs HHS to establish a payment methodology for PDTs that will address billing-infrastructure barriers to PDT coverage across all payer types.
 - o In 2022, CMS introduced a Level II Healthcare Common Procedure Coding System (HCPCS) code for prescription digital behavioral therapy under Miscellaneous Supplies and Equipment (A9291). Several issues remain:
 - The A9291 code does not recognize the differences between PDT products and is inappropriate for products that don't use cognitive behavioral therapy. For instance, Luminopia uses an application delivered via headset to improve vision in children with amblyopia (i.e., lazy eye).
 - In addition to HCPCS codes, additional barriers to coverage and reimbursement for PDTs under the pharmacy benefit include the fact that these products don't have a national drug code (NDC), and national compendia do not recognize PDTs.
 - Pharmacy claims must be adjudicated near instantaneously with dozens of gates for a claim to clear. We need a standardized system to facilitate smooth claims processes. Although private health payers may elect to cover PDTs, there is currently no accepted general practice. The existing patchwork of reimbursement strategies and coding practices leads to confusion.
 - In 2024, CMS finalized the CY 2025 Physician Fee Schedule rule, which authorizes reimbursement for DMHTs furnished incident to or integral to professional behavioral health services, in conjunction with an ongoing treatment. One issue with the DMHT framework is that the mental health practitioners who are likely to order digital mental health treatments do not typically conduct buy and bill reimbursement. AMCP is concerned that patients who may benefit from DMHTs will not access these treatments because their provider is not comfortable with the system set up by CMS.
 - o This bill directs HHS to establish a payment methodology for PDT manufacturers within 1 year of enactment. It also directs the department to establish product-specific HCPCS codes for PDTs within 2 years of enactment and create temporary product-specific HCPCS codes until permanent codes are established.



- **Where the bill stands:**

About PDTs:

- PDTs are therapies that primarily use software to deliver a clinical mechanism of action and have been reviewed and authorized by FDA.
 - Patients receive prescriptions for PDTs through the same channels as they currently receive prescriptions for traditional drug therapies, such as their primary care physician. After receiving a prescription, patients will be “dispensed” an access code by a pharmacy and provided devices, if applicable. Some PDTs, however, may be utilized in a clinical setting with a provider present.
- PDTs may be effective tools in addressing certain disparities in care caused by specialist shortages or geographic obstacles. In particular, they have demonstrated significant promise in treating substance use disorders and diabetes, among other conditions.
 - MassHealth, the Massachusetts Medicaid program, released data in 2023 on its pilot program covering RESET and RESET-O, indicated to treat substance use disorder and opioid disorder. The data showed that providing patients access to these products resulted in fewer emergency department visits, inpatient hospitalizations, and acute treatment and detoxification visits. MassHealth reported saving roughly \$2,000 per user across a cohort of 359 patients. Unfortunately, the pilot ended when RESET’s manufacturer, Pear Therapeutics, declared bankruptcy in 2024.
- Many PDTs can be used on a mobile phone, which may help improve patient outcomes by displaying care reminders and allowing patients to access their therapies at any time and in any setting.
- PDTs help address provider shortages by enabling patients to receive treatment outside of their providers’ office. These products also help providers monitor their patients’ conditions by reporting information on utilization and scoring metrics.
- **IF ASKED ABOUT FDA PATHWAY:** PDTs are usually authorized under the 510(k) pathway, which is also used for devices and some durable medical equipment, where they must present evidence of safety and efficacy. They may also be approved under other pathways, such as 513(f)(2) or 515.
- **IF ASKED ABOUT EVIDENCE:** More real-world evidence needs to be generated before a truly refined coverage strategy can be developed. However, without the framework in place to begin coverage, real-world evidence cannot be gathered. AMCP will work with CMS after enactment to ensure the right data standards are in place to make responsible coverage decisions.
- **IF ASKED ABOUT WHICH PART COVERS PDTS:** The legislation doesn’t address where coverage of PDTs should live. AMCP is committed to working with CMS to figure out the most appropriate benefit, which will likely vary by product.
- **IF ASKED ABOUT THE COST:** The bill is with CBO now to be scored. The bill’s lead sponsor, Congressman Hern, is also a former chair of the Republican Study Committee and very focused on cost.



PRIMARY ISSUE

Medicaid VBPs for Patients Act

The Medicaid VBPs for Patients (MVP) Act (H.R. ____) is AMCP's second priority for Legislative Days 2025. This topic is the second one that should be raised during your Congressional meetings.

ASK: AMCP supports the *Medicaid VBPs for Patients Act* (S. ____/H.R. ____), or MVP Act, and I encourage the Senator/Congressman/Congresswoman to co-sponsor the bill.

Sponsor Office contacts:

Rep. Guthrie: Nick Wooldridge, Legislative Assistant, nick.wooldridge@mail.house.gov

Rep. Auchincloss: Nikita Varman, Legislative Assistant, nikita.varman@mail.house.gov

Sen. Mullin: Jacquelyn Incerto, Health Policy Advisor, jacquelyn_incerto@mullin.house.gov

About the MVP Act:

- The MVP Act will facilitate the use of value-based purchasing arrangements in Medicaid by codifying the Medicaid “Multiple Best Price Rule” and allowing value-based arrangements for drugs administered in an inpatient setting.
- Value-based arrangements are important tools for facilitating patient access to high-cost, potentially life-saving treatments, such as cell and gene therapies. Under a value-based arrangement, pharmaceutical manufacturers and health payers agree on pre-determined patient outcome benchmarks and tie payment amounts to those benchmarks.
 - **IF ASKED FOR MORE DETAIL ON VBAs:** Value-based arrangements can be structured in many ways. In some cases, payers may pay the full cost up front and receive rebates from the manufacturer when outcomes are lower than expected. In other cases, the payer may pay incrementally based on improvement in the patient's condition. Other strategies exist as well, but the key element is that overall cost is connected to agreed-upon patient outcomes.
- Many high-cost drugs treat rare diseases and conditions and may have significantly different outcomes between patients. What works for one patient isn't guaranteed to work for another.
 - These therapies are often only available through a value-based purchasing agreement.
 - One example of the personalization of cell and gene therapies can be found in the new gene therapies for sickle cell disease (SCD). Providers take samples of the patient's blood to extract stem cells, which are then sent to manufacturer facilities so that the red blood stem cells can be altered. Casgevy makes a “cut” in a particular gene using CRISPR to reactivate the production of fetal hemoglobin, while Lyfgenia uses a viral envelope to deliver a healthy hemoglobin-producing gene. The patient then undergoes high-dose chemotherapy to kill the faulty stem cells and receive a transplant with their modified stem



cells. This process takes about 8 to 12 months. Clinical trial data showed that about 10% of patients did not have complete resolution of their SCD symptoms, which include vaso-occlusive events. Patients who still experience these symptoms may continue to require medication to prevent such events and manage their condition.

- The MVP Act promotes patient access to high-cost therapies while protecting Medicaid programs from paying for treatments that don't deliver the expected outcome for patients.
 - VBAs are of particular interest for cell and gene therapies given that they are typically one-time treatments and are highly durable—under the traditional system they would be paid for with one lump sum. These therapies often cost over \$1 million but are highly valuable to patients and health systems due to their potential improvements in patient outcomes and avoidance of future health care utilization. The FDA has approved 43 cell and gene therapies since 2017 and the rate of approvals is expected to increase over the next decade, which necessitates innovative payment models to ensure that plans—particularly Medicaid programs that have strict budgets—can cover these products while mitigating financial risk.
 - **Health equity perspective:** The 2023 approval of two gene therapies indicated to treat SCD highlight Medicaid's important role in ensuring that all patients receive these innovative treatments. These products have list prices between \$2.2 million and \$3.1 million, which poses a challenge to Medicaid programs with fixed budgets. With VBAs, Medicaid programs may be encouraged to provide broader coverage to sickle cell therapies.
- The MVP Act also directs HHS to issue guidance to Medicaid programs on the use of value-based agreements to drugs administered in an inpatient setting by a medical professional.
- The MVP Act **does not** require states to accept the terms of a value-based contract to cover an outpatient drug. States may choose to stay with the traditional fee-for-service best price. If the product is only offered under a value-based contract, HHS requires the state to receive the minimum rebate amount, equal to 23.1% of the Average Manufacturer Price.
- **IF ASKED WHY THE BILL IS NEEDED:** State Medicaid programs are often unable to cover innovative treatments, including expensive cell and gene therapies, that may improve or even cure patient conditions but come with high price tags.
 - CMS created a pathway via the Medicaid Drug Rebate Program for states to increase access by opting into value- or outcomes-based purchasing arrangements negotiated in the commercial market, but uptake is lower than expected due to confusion around how to calculate the "value-based" price. This pathway is called the "Multiple Best Price Rule."
 - Congress should pass the MVP Act to improve states' ability to increase access to life-saving therapies for the country's most vulnerable patients.
- **Where the bill stands:**
 - Last Congress, the bill was reported favorably out of the House Energy & Commerce Committee on May 24, 2024. AMCP hopes to establish similar support for the bill this Congress.
 - The Medicaid VBPs for Patients Act was reintroduced on _____



SECONDARY ISSUE

Ensuring Community Access to Pharmacist Services Act

The Ensuring Community Access to Pharmacist Services Act is AMCP's third priority at Legislative Days 2025. Time permitting, you should discuss this topic after discussing the Access to PDTs Act and the Medicaid VBPs for Patients Act.

ASK: AMCP supports the *Ensuring Community Access to Pharmacist Services Act* (S.___/H.R.___), or ECAPS Act, and I encourage the Senator/Congressman/Congresswoman to cosponsor the bill.

Sponsor Office contacts:

Rep. Smith: Joel Keralis, Legislative Director, joel.keralis@mail.house.gov

Rep. Schneider: Ethan Gunnlaugsson, Legislative Assistant, ethan.gunnlaugsson@mail.house.gov

Sen. Thune: Sarah Schmidt, Health Policy Director, sarah_schmidt@thune.senate.gov

Sen. Warner: Colleen Nguyen, Senior Advisor, Health Policy, colleen_nguyen@warner.senate.gov

About the Ensuring Community Access to Pharmacist Services Act:

- The ECAPS Act is a bipartisan bill that would protect public health by amending the Social Security Act to cover pharmacist administration of tests and treatments for respiratory syncytial virus (RSV), strep throat, the flu, and COVID-19 under Medicare Part B. The bill would also enable the Department of Health and Human Services (HHS) to extend Part B coverage to pharmacists' patient care services when responding to future epidemics.
- The ECAPS Act **does not** supersede existing state scope-of-practice laws that already allow for certain patient care services provided by pharmacists.
 - **IF ASKED WHY THE BILL IS NEEDED:** As our experience with COVID-19 and the long history with the annual flu vaccination effort shows, pharmacists are well-positioned to support public health efforts. Permanently authorizing pharmacists to administer these services will help reduce burdens on America's hospitals and ensure patients have consistent access to important health care services.
- This bill will ensure that Americans can continue to rely on pharmacists for essential and potentially lifesaving infectious disease care, while also addressing disparities in public health preparedness in rural populations and other medically underserved areas. Nearly nine in 10 Americans live within five miles of a pharmacy, and patients increasingly rely upon pharmacists as their first point of care.
- As the National Center for Health Workforce Analysis estimates a nationwide shortage of nearly 45,000



primary care providers by 2028, this bill also helps to alleviate our nation's ongoing provider shortage by ensuring that pharmacists are properly reimbursed for the patient care services they provide.

- **Where the bill stands:** the *Ensuring Community Access to Pharmacist Services Act* was reintroduced
-
-



Legislative Days

THANK YOU INSTRUCTIONS

X/Twitter is a great way to say thank you to your Members of Congress and their staff for taking the time to discuss AMCP's policy priorities. Use the template below (*also available through your Advocacy Day web portal*) to send a 'thank you' post and be sure to include the relevant advocacy hashtags. Tagging the relevant Member of Congress and AMCP will allow us to track all AMCP Legislative Days 2025 follow-up posts. Posting your submission with the attached image will help boost your post's visibility.

Thanks to @[Member of Congress]'s office for meeting with me to discuss @amcporg's policy priorities! The #PDTAccessAct, #MVPAct, and #ECAPSAct will improve patient access to innovative new treatments and critical pharmacist services. #AMCPAdvocacy



*This image is sized for X, file name: LegDays2025.jpg
and is available through your Advocacy Day Web Portal.*

THANK YOU INSTRUCTIONS | (cont.)

Social media platforms other than Twitter heavily restrict how users can comment on political figures' pages. In the case of Facebook, there is no option to directly send a 'thank you' message, so please use Twitter. Please send a 'thank you' email to the staffers you meet with during Legislative Days even if you also posted a 'thank you' on Twitter. **Their email addresses will be provided to you after Legislative Days, or you can send the note directly through your Advocacy Day web portal.** We will discuss sending 'thank you' messages during the May 13 education session. An email template is included below:

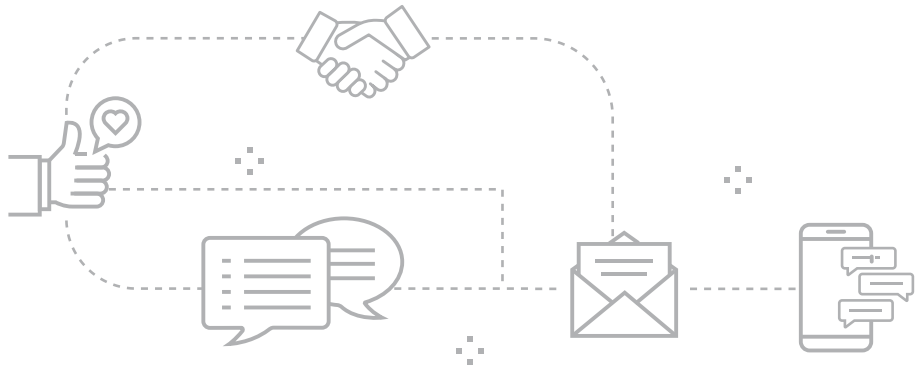
Dear [Staffer Name],

Thank you for taking the time to speak with me about AMCP's policy priorities. The Access to Prescription Digital Therapeutics Act will expand access to prescription digital therapeutics (PDTs) for Medicare and Medicaid beneficiaries, who currently have limited or no access to them because PDTs are not included in any of the existing statutory benefit categories for those programs. The Medicaid VBPs for Patients Act promotes patient access to novel therapies while protecting Medicaid programs from paying for treatments that don't deliver the expected outcome for patients. The Ensuring Community Access to Pharmacist Services Act ensures that patients maintain reliable access to testing and treatment for respiratory syncytial virus, influenza, and potential future threats to public health.

Thank you again for your time and your commitment to patients and pharmacists.

Sincerely,

[your name]



Advocacy

SOCIAL MEDIA GUIDE

FOLLOW YOUR ELECTED OFFICIALS ON ALL THE SOCIAL MEDIA PLATFORMS YOU USE

Just like advocates, elected officials use a variety of social media platforms. All officials will have X/Twitter and Facebook accounts, but many offices also use Instagram, YouTube, and other social media. If you use social media, search for your state and federal officials on it. Be aware that many officials maintain separate accounts for their offices and their campaigns. An official account will usually include the official's title, such as Senator or

Representative, while campaign accounts often use a format such as "Candidate4State" or simply the candidate's name. Look for the blue checkmarks on Facebook and grey checkmarks on X/Twitter to ensure that their identity has been verified by the platform. You should follow both the official and campaign accounts to stay up to date, but advocacy work will primarily involve their official accounts.

ENABLE YOUR FACEBOOK CONSTITUENT BADGE

By visiting Facebook Town Hall (facebook.com/townhall), you can find your elected officials and enable the constituent badge. This badge shows up

next to your name when you comment on an official's post or post on their profiles. It lets your representatives know that you are one of their constituents and helps them focus on the comments that deserve attention. It applies to both your future comments and to all comments you have made on their posts previously.

USE X BEST PRACTICES

The goal is to make sure your post appears publicly on your followers' timeline as well as the timeline of any official's tagged account. To ensure this, please apply these best practices:

- If you begin your post with a tagged user's account (i.e., @user) make sure you add a period (.) to the beginning of the tagged account (ex. @user). Without adding this period, your message will not appear in your followers' timelines, nor will it appear in the tagged user's timeline. It will appear in the tagged user's notification window, which is easily ignored.
 - Acceptable example post: .@user Thank you for supporting AMCP's priorities!
- A period before the tagged user's account is not necessary if you mention the user anywhere else within your post.
 - Acceptable example post: Thank you for supporting AMCP's priorities @user!

SOCIAL MEDIA GUIDE *continued*

TAG AND INCLUDE HASHTAGS AND BILL NUMBERS

Make sure to include all the important pieces of information in your social media advocacy posts. This will typically include tagging AMCP (@amcporg on X, Facebook, and Instagram), using the hashtags #AMCP and #WeAreAMCP, and including bill numbers. Tagging AMCP and using the hashtags makes it easy to find other similar posts discussing the same subject and positions AMCP as a thought leader. Including the bill numbers assigned to AMCP's priority legislation will help political offices quickly identify which bills their constituents are concerned about. AMCP staff will provide you with the relevant bill numbers during advocacy campaigns.

ALWAYS STAY CALM AND COMPOSED

Advocacy work often requires you to engage with politicians with whom you have substantial disagreements. As a result, it is important to set those differences aside while advocating for AMCP's policy agenda. Offices give substantially less weight to angry or insulting messages. Keeping a professional tone in social media communications will elevate your posts above the noise.

NOTES



AMCP | PAC
Political Action Committee

Health care is changing—and you can help shape what comes next.

Through the AMCP Political Action Committee (AMCP PAC), we support Congressional leaders who understand the vital role of managed care pharmacy and are committed to policies that improve patient outcomes and system-wide value.

This is our moment to be heard. Your donation ensures that the voice of managed care pharmacy is strong, clear, and influential where it matters most—on Capitol Hill.

Donate today. Make a difference in the future of health care.



DONATE NOW



NEXUS



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Snap, Share & Win!



Post a pic or video with a new AMCP member, a non-member, or even a current member—and you could score a FREE AMCP training course of your choice! Pick between:

- **Fundamentals of Managed Care Pharmacy**
- **Advanced Principles of Formulary Management**



RULES & DETAILS

Easy to enter. **Easy to win.**

*This is a sweepstakes; winners will be selected randomly.
Go to wearemcps.amcp.org for more details.*



Championship **Spirit.**

AMCP Champions are always on the move—chatting at work, connecting online, and spreading the word at events. It's as simple as saying, “Here’s why I love AMCP—you should join too!” We see you, we appreciate you, and yes—we’ve got perks coming your way.





Optimizing medicine.
Improving lives.

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