



## AMCP Urges Secretary Kennedy to Reinstate ACIP Members

On June 9, HHS Secretary Robert F. Kennedy Jr. took the unprecedented step of unilaterally removing all 17 members of the Advisory Committee on Immunization Practices (ACIP). ACIP traditionally serves as a nonpartisan, scientific review panel that provides recommendations to federal officials at the Centers for Disease Control on immunization schedules, dosage levels, routes of administration, indications, and contraindications for vaccines. The Committee's former members include physicians and other health providers, public health researchers, and patient advocates. Both government and commercial payers, with limited exceptions, are required to cover vaccines recommended by ACIP. On June 11, AMCP published a statement urging Secretary Kennedy to reinstate all 17 members back to the panel immediately. "The removal of the ACIP members erodes patient safety and we urge Secretary Kennedy and HHS to immediately remedy this error and depoliticize health care," the statement reads. As a result of the removal, AMCP fears that "health payers, including plans and pharmacy benefit managers, may lose confidence in ACIP's recommendations, and patients may be unwilling to receive vaccines." Secretary Kennedy's eight replacement members, many of whom have varied background including public vaccine skepticism, [met on June 25 and 26](#) for the first time as a committee.

View AMCP's statement [here](#).

[Read the Statement](#)

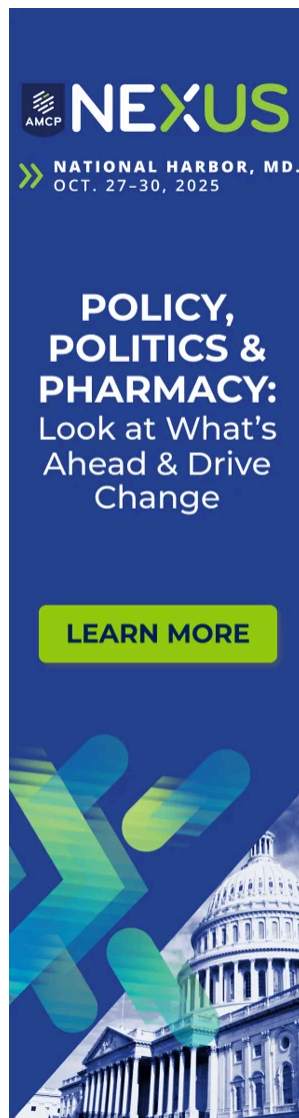
## Register Now for the Inaugural AMCP Pharmacy Policy Summit

The inaugural [AMCP Pharmacy Policy Summit](#) will occur on Monday, Oct. 27, immediately preceding the [AMCP Nexus 2025](#) meeting in National Harbor, Maryland. The day-long event will convene health policy experts from across the country to discuss critical topics impacting managed care pharmacy and nationwide

health care policy. Agenda topics include Pharmacy Benefit Manager (PBM) reform, federal government health care priorities, redesign of the Medicare Part D benefit, drug patent reform, the 340B Drug Discount Program, and a working lunch with several networking opportunities sprinkled in. And on Tuesday, Oct 28, AMCP Nexus attendees will enjoy a General Session presented by former Speaker of the U.S. House of Representatives, Paul Ryan. Members who bundle their Pharmacy Policy Summit registration with AMCP Nexus 2025 registration will receive a \$100 discount.

[Register](#) for the AMCP Pharmacy Policy Summit today.

Register Today



**AMCP Publishes Summary of Senate Finance, HELP Reconciliation Provisions**

This month, several Senate Committees unveiled their respective legislative texts from the GOP budget reconciliation package, the [One Big, Beautiful Bill Act \(H.R. 1\)](#). H.R. 1, which passed the House on May 22, includes additional funding for border security, national defense, and an extension of the 2017 Tax Cuts and Jobs Act. Simultaneously, the package cuts spending on a wide swath of government programs, including Medicaid, the Supplemental Nutrition Assistance Program (SNAP), green energy initiatives mandated by the Inflation Reduction Act, and support for undocumented immigrants and asylum seekers residing in the United States. On June 10, the Senate Committee on Health, Education, Labor and Pensions (HELP) unveiled [their portion of the bill](#), which includes provisions to cap federal graduate student loan assistance, as well as a provision to reinstate appropriations for ACA cost-sharing reduction payments to certain low-income beneficiaries. On June 16, the Senate Finance Committee, which also holds jurisdiction over federal health policy, unveiled its [own portion of the reconciliation bill text](#). The text's health provisions include more stringent Medicaid work requirements and deeper cuts to provider taxes, while also abandoning dozens of House-passed provisions on Medicare and PBM reform. However, [a June 26 ruling from the Senate Parliamentarian](#) found that several provisions of the Finance Committee text, including prohibitions on Medicaid and CHIP coverage for non-citizens, spread pricing bans in Medicaid, and the reduction of the Medicaid provider tax rate, were extraneous and could not be included in a budget reconciliation package. The Senate now must accommodate these revisions and vote on passage of the full reconciliation package, which only requires a simple majority under the chamber's [budget reconciliation rules](#). While GOP leaders in both chambers have promised to deliver the bill to the President's desk by July 4, the House must first agree to the Senate's changes or submit a compromise of their own.

Read AMCP's Summary of the [HELP Committee](#) and [Finance Committee](#) reconciliation texts.

### **AMCP Comments on the Medicare Drug Price Negotiation Program Draft Guidance**

As implementation of the Inflation Reduction Act's drug pricing provisions enters its third year, CMS officials continue to publish and update guidance on the Medicare Drug Price Negotiation Program. On May 12, the agency unveiled draft guidance on the Drug Price Negotiation program for the Initial Price Applicability Year (IPAY) 2028, as well as guidance to assist manufacturers in effectuating the Maximum Fair

Price (MFP) in 2026, 2027, and 2028. On June 26, AMCP responded with comments directing attention to several components: downstream impacts, Part B drugs, renegotiation, and effectuation of the MFP. Specifically, AMCP's comments urge CMS to recognize and monitor for unexpected consequences once the first drugs payable under Part B are folded into the program for IPAY 2028. AMCP also recommends that CMS further clarify details around the renegotiation of certain applicable drugs, ensuring transparency and patient engagement remain part of the process. The Medicare Transaction Facilitator, which is used to effectuate the MFP to manufacturers and payers, must also be made transparent, accurate, and cognizant of patient safeguards.

View AMCP's comment letter [here](#).

[Read Comment Letter](#)

## **State Legislative Update: Artificial Intelligence and Health Policy**

Nationwide, state legislatures continue to introduce legislation aimed at regulating the use of artificial intelligence (AI) by health plans, providers, and other care entities. On June 5, AMCP published an update on the 96+ bills that were introduced in 32 states. That includes seven bills signed into law this year, covering provisions such as transparency requirements on AI developers, the creation of government task forces to inventory AI systems in use, and parameters for health plans that intend to use AI in coverage determinations. Many of these laws, including Arizona HB 2175 and Maryland HB 820, may affect managed care pharmacists directly by regulating the use of AI or requiring the input of humans in utilization management decisions. While these state laws and regulations proliferate, it's important to note that the current federal budget reconciliation package, H.R. 1, includes a provision barring state and local governments from implementing AI legislation for the next 10 years. The reconciliation bill text currently circulating through the Senate softens this provision, by tying compliance of the moratorium to disbursement of federal funding from the Broadband Equity, Access, and Deployment program.

Read the state legislative update [here](#).

Read Legislative Update

## **AMCP Submits Comments on the Health Technology Ecosystem**

Last month, CMS announced its intention to empower Medicare beneficiaries by increasing access to innovative health technologies. This announcement was coupled with a Request for Information (RFI) seeking public input on developing a patient centered, efficient, and secure digital health infrastructure for the United States. On June 16, AMCP responded with comments which outline the ability for Prescription Digital Therapeutics (PDTs) to help patients take control of their health, manage chronic conditions, and access care more efficiently. Specifically, the comment letter requests that CMS expand its benefit categories to include broader coverage of PDTs, which would increase the uptake of these digital technologies in both government-sponsored and commercial health plans. AMCP's comments also applaud CMS' role for establishing two HCPCS Level II A-codes for PDTs in 2022, as well as a coverage pathway for PDTs identified as digital mental health treatment devices in the CY 2025 Physician Fee Schedule. However, AMCP's comments also explain that existing coverage pathways only apply to roughly a half-dozen PDTs, leaving others that treat conditions such as diabetes and Parkinson's disease without coverage.

Read AMCP's Comments on the Health Technology Ecosystem [here](#).

Read AMCP's Comments

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