AMCP
Optimizing medicine.
Improving lives.

August 31, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically via regulations.gov

Re: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Proposed Rule [CMS-1850-P]

Dear Administrator Oz:

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments in response to the proposed rule titled Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems [CMS-1850-P] (Proposed Rule).

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.

AMCP's comments focus on provisions in the Proposed Rule that affect prescription drug payment and access to clinically appropriate therapies. AMCP has an interest in ensuring that Medicare payment and coverage policies promote transparency, control prices, preserve beneficiary access, and avoid fragmented incentives across care settings and benefit designs. AMCP encourages CMS to provide clear methodological explanations and monitor effects on beneficiary access and provider behavior.

Payment Adjustment for 340B-Acquired Drugs Based on Results of the Medicare OPPS Drug Acquisition Cost Survey

AMCP recommends that CMS provide sufficient methodological information for stakeholders to evaluate the proposed Average Sales Price (ASP) minus 33.4 percent rate for accuracy and representativeness before it finalizes the rate as a permanent methodology. Without additional information regarding variation across products, providers, and purchasing arrangements, stakeholders cannot adequately evaluate whether the proposed methodology reflects actual acquisition costs. Existing research has consistently identified transparency gaps in the 340B

program.[1] Greater transparency regarding the acquisition-cost data used to establish Medicare payment would strengthen confidence that the proposed payment methodology accurately reflects acquisition costs and is supported by a robust evidentiary record.

Because CMS's alternative ceiling-price methodology would produce a materially different payment rate, CMS should clearly explain the strengths and limitations of each approach and why the survey-based methodology more accurately reflects acquisition costs. Such analysis would strengthen the administrative record supporting the final policy.

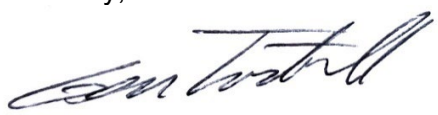
CMS should monitor the effects of the proposed payment policy on beneficiary access, site-of-care decisions, and provider willingness to furnish high-cost outpatient therapies. Although CMS estimates significant program and beneficiary savings, payment reductions should not create barriers to clinically appropriate treatment. CMS should establish a process to identify and address any access concerns that emerge following implementation. Acquisition costs, purchasing arrangements, and market dynamics evolve over time. If CMS finalizes the proposal for CY 2027, it should do so with an explicit commitment to ongoing validation and periodic reassessment using updated acquisition-cost survey data.

Conclusion

CMS should provide greater transparency regarding survey methodology and the derivation of the proposed ASP-minus-33.4 percent payment rate, evaluate variation in acquisition costs across products and provider types, compare the proposed methodology with alternative approaches, and commit to periodic reassessment using updated acquisition-cost data. CMS should also monitor the effects of payment changes on beneficiary access, site-of-care decisions, and provider behavior.

AMCP appreciates your consideration of AMCP's concerns and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact me at etunstall@amcp.org or (703) 705-9358.

Sincerely,



Geni Tunstall, JD
Associate Vice President, Regulatory Affairs

[1] Knox RP, Wang J, Feldman WB, Kesselheim AS, Sarpatwari A. Outcomes of the 340B Drug Pricing Program: A Scoping Review. JAMA Health Forum. 2023;4(11):e233716. doi:10.1001/jamahealthforum.2023.3716. Available at https://jamanetwork.com/journals/jama-health-forum/fullarticle/2812107.