January 8, 2024

Department of the Treasury (31 CFR Part 33)
Centers for Medicare and Medicaid Services (42 CFR Parts 435 and 600, 45 CFR Parts 153, 155, and 156 [CMS-9895-P]; RIN 0938-AV22)
Department of Health and Human Services
Attention: CMS-9895-P,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850

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

To Whom It May Concern:

The American Medical Women’s Association wanted to express our support for CMS’s consideration of moving from USP Medicare Model Guidelines (MMG) to the USP Drug Classification (USP DC) system for use in the essential health benefit (EHB) package described in section 1302(a) of the Affordable Care Act (ACA). This change has an impact on two of the areas that AMWA has been working in related to women’s health – treatment of obesity as a chronic disease and infertility.

With the change to the USP Drug Classification (USP DC) system for use in the essential health benefit (EHB) package, more patients will be able to get access to FDA-approved treatments for obesity and infertility when indicated because the USP DC system is reviewed annually, while the MMG is reviewed every three years.

We support CMS’s statement in response to the public comments submitted earlier this year (EHB RFI - 87 FR 74097 through 74102): “We agree that using the USP DC to categorize the drugs provided as EHB would assist in strengthening the drug benefit due to its inclusion of additional drug categories and classes relevant to enrollees within the private insurance market...USP MMG includes notable gaps in coverage related to the treatment of chronic conditions such as obesity, infertility agents, and sexual disorder agents. We also note that inclusion of additional categories and classes of drugs used to manage chronic conditions would assist in mitigating future risks and complications associated with a lack of access to these therapies, particularly for vulnerable populations.”

Thank you for the opportunity to comment on the proposed rule.

Sincerely,

Eliza Lo Chin, MD, MPH
Executive Director, American Medical Women’s Association