



Janet T. Mills
Governor

STATE OF MAINE
Maine Prescription Drug Affordability Board
61 State House Station
Augusta, ME 04333-0061

Noah Nesin
Chair

Maine Prescription Drug Affordability Board
Tuesday January 8, 2021 @ 12:30 pm
Microsoft TEAMS Meeting

Council members in attendance: Peter Hayes, Frank Johnson, Noah Nesin, Jennifer Reck, Julia Redding, Rhonda Selvin & Susan Wehry
(Total = 7)

Council members absent: Kenneth Mcall III (Mac)
(Council seat 0 vacant)

Others Present:

Advisory Council: Kate Ende, Jonathan French, Jennifer Kent, Ryan Low, Christina Moylan, Rob Nadeau, Heather Perreault, Shonna Poulin-Gutierrez, Anne Wright, Karen Yeaton

Employee Health & Benefits: Paige Lamarre & Joel Hill

All Others: Ben Chandhok, Matthew Guilbault, & Ann Woloson

Agenda Item	Discussion;	Action/Next Steps
I. Call to Order (12:32 pm)	Noah Nesin called the meeting to order	Noah Nesin makes the motion to schedule another meeting in early February, Peter Hayes made motion to accept to the motion Frank Johnson seconded the motion; Motion passed.
II. Introductions		
III. Approval of the Minutes (December 22, 2020)		Peter Hayes made motion to accept the meeting minutes Frank Johnson seconded the motion; Motion passed.
IV. Monthly Business a. Presenters i. Ann Woloson – Maine Consumers for Affordable Health Care	Discussion highlights below: <ul style="list-style-type: none"> • <u>What is CAHC?:</u> Non-profit organization located in Augusta with statewide reach. • <u>Confidential services for consumers include:</u> Helpline, Health Care Coverage Eligibility screenings, Marketplace & MaineCare enrollment assistance, etc. 	



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	<ul style="list-style-type: none"> • <u>Background & Methodology:</u> Each spring and fall comprehensive tracking surveys take place <ul style="list-style-type: none"> ○ 3 out of 4 surveyed voters in Maine are concerned about the costs of prescription drugs ○ At least 4 out of 10 voters in Maine are worried about losing health insurance coverage or remaining uninsured • <u>New Data Shows:</u> Mainers spent over \$165M more on the 25 drugs with highest year-over-year increase in cost last year 	
<p>ii. Ryan Low – University of Maine System</p>	<p>Discussion highlights below:</p> <ul style="list-style-type: none"> • The University System: Self-insured, provides coverage to 4,300 active employees, families and retirees. Express Scripts is the Pharmacy Manager. • <u>UMS Role of Employee Health Plan Task Force (EHPTF):</u> In 2010 UMS established a multi-stakeholder Task Force to address ongoing increases in health plan costs • <u>UMS Health Plans:</u> Traditional PPO plan and IRS qualified high deductible plan • <u>UMS Pharmacy Benefits:</u> All plans use CIGNA “Value Formulary”, except for Service & Maintenance (S&M) • <u>Vendor Management:</u> In 2018 an extensive RFP was conducted for medical and pharmacy benefits • <u>UMS Plan Performance:</u> 92% Generic dispensing rate, 70% Mail/Retail 90, & 91% Medication Adherence • <u>Rx Rebates per Quarter:</u> Rebates are based on brand name & specialty drug usage; have steadily increased over the course of the relationship • <u>LD 1499 MPDAB Recommendations:</u> LD1499 proposed methods for public payors to meet spending targets established through the Board 	
<p>iii. Shonna Poulin-Gutierrez – State Employee Health Plan</p>	<p>Discussion highlights below:</p> <ul style="list-style-type: none"> • <u>Overview:</u> Self-insured plan offering health, pharmacy, dental and wellness • <u>Anthem Active Plan:</u> <ul style="list-style-type: none"> ○ One plan offered: PPO 	



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	<ul style="list-style-type: none"> ○ Many preventive services, labs & screenings covered 100% ○ Cost to State employees ○ The % of the individual premium, depends on compensation level ○ State of Maine employees may earn a 5% health credit for completing the Health Premium Credit Program ● <u>Other Health Plan Benefits:</u> <ul style="list-style-type: none"> ○ Carrum Centers of Excellence for certain surgeries ○ Diabetes & prediabetes programs ○ Living Resources (EAP) ○ Wellness Program WellStarME ○ Wellness supporting initiatives ● <u>Anthem Active Plan:</u> <ul style="list-style-type: none"> ○ Total Subscribers: ~15K ○ Total Members: ~27K ○ Average employee age: 50 ○ Average member age: 39 ○ 56% of members are employees ● Medicare Advantage (Aetna) Statistics: <ul style="list-style-type: none"> ○ Covered lives: 8,904 ○ Average Age: 74 ● <u>Pharmacy Plan Overview:</u> <ul style="list-style-type: none"> ○ Annual formulary change ○ Pharmacy networks ○ Rebates ○ Prior authorization ○ Plan design and safety elements in place ○ Currently in the RFP process ● 2019-2020 Policy Year Spend <ul style="list-style-type: none"> ○ Pharmacy spent net of rebates \$40,206.226 ○ Total net pharmacy & medical claims \$194M ● Peter Hayes asks what are Shonna's thoughts regarding prescription drugs coming down the pipeline regarding cost increase or decreases? Shonna Poulin-Gutierrez says there's 	
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	<p>multiple factors to review such as transparency, and specialties, patent expirations etc.</p> <ul style="list-style-type: none"> • Susan Wehry states/ asks she doesn't see an Intentional Deprescribing Process program offered by the State of Maine and with adult care and the large number of adults overusing. Has there ever been an intention to offer such a program for State of Maine employees? Shonna Poulin-Gutierrez answers that the State of Maine is always interested in preventative health and more research would need to be done before anything is implemented. • Rhonda Selvin is there anything specific The State of Maine is doing for substance abuse disorders. Shonna Poulin-Gutierrez answers that this is an area that we're looking at and exploring/tracking, we do connect employees through Living Resources 	
<p>iv. Peter Hayes – Healthcare Purchaser Alliance of Maine</p>	<p>Discussion highlights below:</p> <ul style="list-style-type: none"> • <u>Overview:</u> <ul style="list-style-type: none"> ○ Purchaser (employer) led 501c3 nonprofit ○ Members represent over 150,000 commercially insured lives in Maine ○ Together they spend over \$1 billion annually on health care • <u>Our Work:</u> <ul style="list-style-type: none"> ○ Healthcare cost containment ○ Networking and learning ○ Purchaser advocacy ○ Custom analytic services • <u>PBM Revenue Sources:</u> Supply chain fees, rebates & spread • <u>PBM Landscape Dominant Market Shares:</u> 30% CVS, 20% Express Scripts & 20% Optum • <u>The Problem:</u> <ul style="list-style-type: none"> ○ Adherence (50% not) ○ Misuse (18m patients) ○ Severe side effects ○ Formulary alternatives ○ Managing multiple medications 	



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	<ul style="list-style-type: none"> • <u>The Opportunity:</u> Right medications, right dose, right value and right frequency • <u>The Solution:</u> <ul style="list-style-type: none"> ○ Transaction and pricing transparency ○ 100% pass through PBM ○ Eliminate rebates and coupons. ○ Formulary management ○ Independent virtual/digital pharmacist ○ Disruptive models (a.k.a. Amazon) ○ Legislation/Regulation • Heather Perreault asks if the transparent PBM he referred to own their own specialty drug channels and distribution? Peter Hayes answers that they don't own their own specialty drug distribution but do own their own mail order. 	
V. Other Business a. Open Discussion		
VI. Education	No Education Planned This Month	
VII. Adjourn (2:26 pm)		

Next meeting: January 26th, 2021