

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 February 23, 2021 @ 10:30 am Microsoft TEAMS Meeting

<u>Council members in attendance</u>: Peter Hayes, Frank Johnson, Kenneth Mcall III (Mac), Noah Nesin, Jennifer Reck, Julia Redding & Rhonda Selvin (Total = 7)

<u>Council members absent:</u> Susan Wehry (Council seat 0 vacant)

Others Present:

Advisory Council: Jonathan French, Jennifer Kent, Christina Moylan, Rob Nadeau, Heather Perreault, Shonna Poulin-Gutierrez & Anne Wright Employee Health & Wellness: Joel Hill & Roberta Leonard

<u>All Others</u>: Newell Augur, Kevin Bourque, Ben Chandhok, Meaghan Cummings, Sarah Emond, Kate Ende, Matthew Guilbault, Karynlee Harrington, Lisa Nolan, Matt Seidner, Ann Woloson & Karen Yeaton

Agenda Item	Discussion;	Action/Next Steps
I. Call to Order (10:31 am)	Noah Nesin called the meeting to order	
II. Introductions		
III. Approval of the Minutes (January 26, 2021)		Kenneth Mcall III made motion to accept the meeting minutes Julia Redding seconded the motion; Motion passed.
 IV. Monthly Business a. Presenters i. Sarah Emond– Insitute for Clinical and Economic Review (ICER) 	 Discussion highlights below: <u>Institute for Clinical and Economic Review (ICER)</u>: Independent, non-partisan health technology assessment group whose reviews are funded by non-profit foundations. <u>2021 Funding</u>: ICER policy summit and non-report activities only. All research supported by non-profit organizations. <u>Foundation of our Mission</u>: Transparent, public, multi- stakeholder approach to all our work. Guidance to improve the health system so it better serves patients. <u>Assessing Value</u>: Fair price, fair access and future innovation. 	



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	 <u>Value Assessment Framework; Long Term Value for Money</u>: Special social/ethic priorities, benefits beyond health, total cost overall-including cost offsets, health benefits – return of function with fewer side effects and longer life. <u>Integrating Elements of Long-Term Value for Money</u>: Consider benefits beyond health and special priorities, linked to better health. Maximum price to create more health than harm. <u>ICER Phases of Report Development</u>: Topic selection, scoping, report development, public meeting presentation, then the final report. Each review takes about 8 ½ -months. Take all the comments received and post on their website. <u>Public Meetings</u>: Public deliberation of report contents and policy implications by 3 independent appraisal committees. California Technology Assessment Forum (CTAF) – slide 12 <u>Use of ICER assessments</u>: For policymakers, drug makers and payers and for payers and employer groups. <u>Use Cases</u>: Federal and State Government and improved payer/pharma negotiations. Department of Veterans Affairs get the most reasonable process possible. State Medicare programs have drug affordability review boards. Unsupported price increases, out of 10 costliest drug-price hikes in 2019, 7 were not supported by new clinical evidence costing Americans an additional \$1.28 in annual drug spend. <u>Origins of the Unsupported Price Increase (UPI) Work</u>: States were frustrated with annual price increases without any metric to judge if a price increase was justified.
b. Next Steps - Jennifer Reck & Peter Hayes	 Discussion highlights below: <u>State Legislative Action</u>: Since 2017, legislation to address prescription drugs costs has been introduced in all 50 states. 48 States have enacted 160 laws to address prescription drug costs.



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	 <u>State Legislative Action 2021 Bills</u>: Pre-filed in Maine; international reference rates, penalizing unsupported price increase (ICER) and price gouging 2.0. <u>Medicaid</u>: <u>Supplemental Rebate Agreements</u>: 46 states negotiate supplemental rebates agreements (SRAs). SRAs can reduce Medicaid Rx spending by 35% and 30 states leverage their SRA negotiating power through multi-state pools. <u>Medicaid</u>: <u>Drug Caps & Enhanced Negotiating</u>: New York (2017) has authority to negotiate with drug companies for supplemental rebates. Massachusetts (2019) HHS has authority to negotiate supplemental rebate agreements directly with manufactures. <u>Public Employees</u>; <u>Waste-Free Formularies</u>: Wasteful drugs cost more but offer no additional benefits; examples include- high-priced brand name drugs with a generic equivalent, combination drugs, Rx drugs with an over the counter equivalent and new drugs that have been slightly tweaked. <u>Public Employees; Reverse Auctions</u>: Reverse auction model allows public plans to reduce costs by negotiating higher-value contracts with PBMs without reducing drug benefits. <u>Bulk Purchasing Groups</u>: MMCAP Infuse (1985), Northwest Prescription Drug Consortium (2006) and Civica Rx for genetics (2018). <u>Methods for Board to Consider for Recommendations</u>: Negotiating specific rebate amounts on prescription drugs, changing a formulary when rebates cannot be used, establish a common prescription drug formulary for all public payers, prohibiting health insurance carriers providing their formularies, purchasing prescription drugs in bulk, collaborate with other states, allow health insurance carriers providing coverage to small businesses and individuals and procuring common expert services for public payers. 	
V. Other Business	Discussion highlights below:	Kenneth Mcall III made a motion to continue
a. Meeting Schedule for 2021	Next meeting March 23, 2021	to meet monthly, all agree, motion passed.
b. Creating a Mission & Vision Statement	Discussion highlights below:Carry forward to discus next month.	



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c. Open Discussion	 Discussion highlights below: Looking for someone to provide guidance on the AC 1:45 	
VI. Education	No Education Planned This Month	
VII. Adjourn (12:27 pm)		Kenneth Mcall III made motion to adjourn; Peter Hayes seconded the motion; Meeting adjourned

Next meeting: March 23, 2021