

# 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 September 28, 2021 @ 10:30 am Microsoft TEAMS Meeting

<u>Board members in attendance</u>: Peter Hayes, Kenneth Mcall III (Mac), Jennifer Reck, Dr. Julia Redding, Rhonda Selvin & Dr. Susan Wehry (Total = 5)

<u>Board members absent:</u> Dr. Noah Nesin *(Council seat 1 vacant)* 

Others Present:

Advisory Council: Kate Ende, Jennifer Kent, Christina Moylan, Rob Nadeau, Heather Perreault, Shonna Poulin-Gutierrez & Annemarie Toderico

Employee Health & Wellness: Roberta Leonard

All Others: Ben Chandhok, Chris Feeney, Kristie Gould, Matthew Guilbault, Joshua Harrell, Scott Landry, Ashaki Lloyd, Liz Pujolas & Denise Tucker

Agenda Item	Discussion;	Action/Next Steps
I. Call to Order (10:33 am)	Mac called the meeting to order	
II. Introductions		
III. Approval of the Minutes (August 24, 2021)		Peter Hayes made motion to accept the amended meeting minutes Dr. Julia Redding seconded the motion. One abstained. Motion passed.



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V. Other Business  V. Other Business	<ul> <li>On 9/10/21 a Cross-State of States implementing Drug Affordability Boards took place, below are some of the highlights: <ul> <li>Representative from New Hampshire, Colorado and Maryland were present.</li> <li>Most of the discussion was around developing a conflict of interest policy for Board members. Actively working on a process to draft regulation and forming Boards.</li> <li>Colorado's statue has a deadline of 10/1/21 to appoint members to their Board.</li> <li>Maryland shared some of the language for regulations that is still in draft form.</li> <li>New Hampshire asked if NASHP would be able to pull together some of the research from these states to use as another resource. NASHP has done this and will continue to develop over time.</li> <li>Jennifer Reck also shared that she listened in on Maryland's Prescription Drug Affordability Board meeting that took place on 9/27/21. They have a new general council on board that is an Assistant Attorney General, Michelle MacDonald. They are in the process of sending out invoices to manufactures, health plans and PMS's who will be accessing fees that help support the work in MD. In effort to identify which drugs are causing affordability issues within the State. Their first look on data was based on medical claims data. They will be supplementing with more complete data to include commercial sector data claims as well. Takes a lot of time to get data use agreements finalized. Recommendation to have this data out by the end of the year.</li> <li>Peter Hayes stated the Governor of Rhode Island is trying to coordinate common strategies in legislation for to create common strategies for drug affordability in New England.</li> </ul> </li> </ul>	Jennifer shared a link to the PDAB statutes, regulations, and website.
a. Short- & Long-Term Focus – Kenneth McCall III	<ul> <li>Discussion highlights below:</li> <li>Short term goal to focus on: waste free formularies, eliminating wasteful drugs from plan formulates and PBM reverse auctions.</li> </ul>	Peter Hayes will send drug channel information to the members on 340B drugs.



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	<ul> <li>Long term goals to focus on: establishing a common formulary for all public payers, implementing a 100% past through contract of the lowest net cost.</li> <li>Reverse auction: a way of doing procurement by PBM. PBM's need to bid against one another in multiple rounds to meet specific contract terms. More apples to apples in terms of what you are looking for. New Jersey has been successful in implementing this.</li> <li>Heather Perreault stated the need to coordinate with standard procurement rules/regulations per statue.</li> <li>Jennifer Reck stated other areas of reverse auction models depend on a base line.</li> <li>Drug Channels: Use of 340B pricing increased 40%. Pharmacies such as CVS are gaining access to the 340B price while still charging a large markup. Originally 340B drugs was designed to give the drug to members at pennies on the dollar that are uninsured or under insured but has become a revenue generator. Mark-ups can be up to 100%.</li> <li>Jennifer Reck stated that there is drive to increase transparence around 340B that could be adapted at the state level.</li> <li>Jennifer Kent stated in her experience when pharmacies claims come through there is no indication noting if something was a 340B drug price.</li> </ul>	
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b. Mission & Vision Statement - Peter Hayes (HPA)	<ul> <li>Mission Statements: To determine annual spending targets for prescription drugs purchased by Maine public payors and make recommendations to achieve the targets.</li> <li>Vision Statement: Board recommendations will target strategies to achieve prescription drug affordability while maintaining safety and ensuring clinically appropriate use. The</li> </ul>	Jennifer Reck made the motion to adopted the Mission and Vision statements as written. Susan Wehry seconded the motion. Motion approved.



Governor

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	spending targets will be based upon a 10-year rolling average of the medical care services component plus a reasonable percentage for inflation and minus a spending target determined by the board for pharmacy savings. In addition, spending targets will be determined on specific prescription drugs that may cause affordability challenges to enrollees.	
c. Open Discussion	Discussion highlights below:	
	No other discussions took place.	
VI. Adjourn (11:17 pm)		Kenneth McCall III made motion to adjourn; Peter Hayes seconded the motion. Meeting adjourned.

Next meeting: October 26, 2021