**Maine Prescription Drug Affordability Board**

**Tuesday November 23, 2021 @ 10:30 am**

**Microsoft TEAMS Meeting**

Board members in attendance:Kenneth Mcall III (Mac), Jennifer Reck, Dr. Julia Redding, Rhonda Selvin & Dr. Susan Wehry

(Total = 5)

Board members absent: Peter Hayes & Dr. Noah Nesin

*(Council seat 1 vacant)*

Others Present:

Advisory Council: Kate Ende, Jonathan French, Jennifer Kent, Rob Nadeau & Heather Perreault

Employee Health & Wellness: Roberta Leonard

All Others: Ben Chandhok, Kristy Gould & AnneMarie Toderic**o**

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| Agenda Item | Discussion; | Action/Next Steps |
| I. Call to Order (10:35 am) | Mac called the meeting to order |  |
| II. Introductions |  |  |
| III. Approval of the Minutes (October 26, 2021) |  | |  | | --- | | Rhonda Selvin made motion to accept the amended meeting minutes Dr. Julia Redding seconded the motion. Motion passed. | |
| IV. Monthly Business |  |  |
| 1. Bylaws – Kenneth McCall III | Discussion highlights below:   * No Bylaws have been created yet. Will continue to stay on the agenda. |  |
| 1. MPDAB Report – Kenneth McCall III | Information contained in written reports; highlights and discussion noted below:   * Recommendations to Lower Prescription Drugs Prices for Maine Public Payers: No one solution will remedy this problem as the US drug pricing system is both complex and opaque. A comprehensive and multifaceted approach is needed to address prescription drug prices. The Maine Prescription Drug Affordability Board (MPDAB) has identified three recommendations for Maine public payers which have a low barrier to implementation and a high potential for savings. * Recommendation 1 Utilize Model PBM Contract Terms: States, as major purchasers of drugs for their employee health plans, can control prescription drug costs by negotiating more favorable contract terms with PBMs. Achieving advantageous contract terms with a PBM during the procurement process is a complementary and alternative strategy to the regulation of PBMs through legislation. The National Academy for State Health Policy (NASHP) provides the following resources for model PMB contract terms. * Recommendation 2 Check Your Plan for Wasteful Drugs and Create a Waste-Free Formulary: According to the Johns Hopkins Drug Access and Affordability Initiative, a wasteful drug is a drug which costs more and “…doesn’t provide additional clinical value compared to other drugs that are used for the same condition.” Wasteful drugs include high-cost branded or generic products when less expensive generics are available, fixed-dose combination drugs costing substantially more than the individual ingredients, drugs for which over-the-counter options are available, and “me-too” drugs which add no clinical value as compared to the less expensive original product. * Dr Julia Redding stated that a big part of the waste-free formulary is communication and ease that providers can access. * Jonathan French suggested adding guidance on how to create the formulary. * Heather Perreault stated most of the potential contracts come to you with their formulary, if you want to tweak it there is a cost involved. * Susan Wehry suggested the list be made available to medical providers as well and stated the goal is not about creating a new formulary but about getting rid of the waste. * Jennifer Reck stated other purchasers have used this method and achieved savings. Suggest switching the 1st and 2nd recommendations around. * Recommendation 3 Implement a Reverse Auction PBM Procurement Model: The MPDAB recommends legislation to implement a reverse auction PBM process for Maine public payers. A recent report by the National Conference of State Legislatures provided bipartisan prescription drug policy recommendations including PBM reverse auctions as a strategy for lowering drug costs. According to the report, “A reverse auction is an online bidding process in which PBMs anonymously compete for the state’s business through a portal managed by a third party. PBMs can view proposals from other firms and adjust their offers during several rounds of bidding.” New Jersey was the first state to operationalize a reverse action process. New Jersey awarded the combined contracts for the state and school employee health benefits programs to a single PBM in 2019. Over the three-year term of the contract the state projects a savings of more than $1 billion, reporting a cost decrease of 25% in the first nine months alone. * Jennifer Reck stated adding a sample from New Jersey’s policy stating that it may require legislation action. |  |
| 1. Annual Spending Targets – Kenneth McCall III | Discussion highlights below:   * No data developed yet. Will continue to stay on the agenda. |  |
| V. Other Business |  |  |
| 1. Remote Public Proceedings Policy – Heather Perreault | Discussion highlights below:   * Law was passed during the last Legislative session to enable Boards to conduct remote meeting without a policy. A policy must define when people are allowed to be remote. There is a draft created, but not finalized. Once finalized the Board needs to conduct an in person hearing to accept the policy. The idea is to book conference room and have the rest of the meeting remote. Policy will be reviewed by the board before brought to the group to adopt, should be captured in the bylaws. |  |
| 1. 2022 Meeting Schedule | Discussion highlights below:   * Doddle poll will go out to Board and Council members suggesting 3-4 different meeting times for 2022. The Board will continue to meet monthly. |  |
| 1. Open Discussion | Discussion highlights below:   * No other discussions took place. |  |
| **VI. Adjourn (11:25 pm)** |  | Susan Wehry made motion to adjourn; Dr Julia Redding seconded the motion. Meeting adjourned. |

**Next meeting: December 28, 2021**