Maine Prescription Drug Affordability Board
Monday July 27th 2026 @ 10:30 am
Microsoft TEAMS Meeting
In Person Location: 109 Capitol St, Augusta Maine, 04330

Board Members in Attendance: Kelsie Snow, Sharon Treat, Lisa Nolan, Jennifer Reck, Susan Wehry, Karynlee Harrington, Rhonda Selvin, Noah Nesin.
(Total =8)

Board Members Absent:
Vacant Seat(s): 1

Others Present:
Advisory Council: Jennifer Kent, Kate Ende, Shonna Poulin-Gutierrez, Jonathan French.
OAHC: Meg Garratt-Reed, Katherine Senechal. Guest speakers: Kirk Williamson, Kathryn O'Neill, Andrew Twinamatsiko.
All Others: Daniya Siddiqui, Sergio Gomez, Austin Williams, Evelyn Pereira, Olivia Backhaus, Nicole Wright, Hannah Hudson, Anthony Madorma, Zack Lynkiewicz, Rachel Cottle Latham, Joseph Oros, Dan Demeritt, Kushi Avichal, Jenna Doerr, Kristine Ossenfort, Jake Mitchell, Shuri Senbanjo, Keisha Vaughan.

Agenda Item:	Discussion:	Action/Next Steps:
I. Call to Order	**Kelsie Snow** called the meeting to order	
II. Introductions	Board members and Advisory Council members were introduced	
III. Approval of the Minutes (June 26th, 2026)	There were no changes requested to the minutes.	Sharon Treat moved to approve the minutes, Susan Wehry seconded. The minutes were unanimously approved.
IV. Administrative Update	There were no administrative updates.	
V. Monthly Business	Andrew Twinamatsiko of the O'Neill Institute at Georgetown University provided a presentation about the Medicare Drug Price Negotiation Program. His presentation covered an overview of the program structure and CMS's statutory authority to implement the program. His presentation also briefly touched on litigation over the state of Colorado's PDAB, and the connection to the Medicare Drug Price Negotiation Program. Some parties challenging CO's	

	actions have made the argument that CO's PDAB has been too reliant on the Medicare Fair Price in setting upper payment limits. Lisa Nolan asked if the challenges to CO were specific to their compliance with state statute, or if the challenges were broader and could apply to any PDAB. Andrew clarified that the arguments were specific to the structure of the PDAB process in the CO statute and drew from specific statements made during PDAB deliberations. He noted, that the same type of challenges from industry are likely regardless of a PDAB's process, but that PDAB's should be mindful of this critique. Lisa also asked about the argument used in litigation over MFPs that if manufacturers object to the process they can simply leave the Medicare program – what about the impact on patients stuck in the middle? Andrew responded that realistically no one can afford to walk away, since Medicare and Medicaid control such a large portion of the market – more a legal argument than a practical one. He noted that when Minnesota passed its drug price gouging law it was tied to state licensure for the manufacturer. Similar notion of trying to use access to a market as an incentive to participate. Next, Kirk Wiliamson and Kathryn O'Neill from Vermont's Green Mountain Care Board presented about a recent analysis comparing recent payments for prescription drugs in the state to what payments would have been using MFPs. Kate also discussed considerations VT had identified for utilizing MFPs at a state level, including the impact of the orphan drug exclusion, understanding how negotiated prices compare to commercial prices net of rebates, as well as the role of direct-to-consumer discounted prices. Meg confirmed with the VT team that their analysis of savings from MFPs did not incorporate rebate savings that commercial carriers currently receive – they confirmed that was the case, and that they are looking into collecting data on rebates for future analyses. Lisa Nolan asked whether the Medicare MFP process incorporates consideration of current rebates – does it ensure that the negotiated price is lower than current Part D prices net of rebates?	

	Kirk Williamson noted the process begins by looking at gross spending in Medicare, not the net price. The MFP, however, is a ceiling price. Pharmacies still purchase drugs at the usual price under their GPO, and a third party rebate facilitator manages the flow of rebates along the supply chain for Medicare. Meg Garratt-Reed noted being unsure how CO had considered rebates in its analysis of savings from UPLs and offered to look into this question. Kelsie Snow pointed out that Rybelsus appears on Vermont's dashboard but has since been replaced by the Ozempic daily pill and asked how that impacted analysis. Kirk responded that he'd need to check how the NDCs for the drugs rolled up, and noted that the dashboards used historical spending and reflected data before it was discontinued. Kelsie also said she'd observed that while MFP prices have gone down, 340B prices have gone up. Kirk said VT had not explored that issue specifically but had heard similar observations. Sharon Treat asked the VT speakers what their next steps are regarding legislative recommendations. Kate responded that they are discussing this internally. The Green Mountain Care Board has a policy focus on hospital reference-based pricing, including payments for prescription drugs. She noted that the landscape is constantly evolving so they are always monitoring for new opportunities. Kirk added that in 2025 the Legislature passed Act 55 to require new 340B reporting and establish a cap on reimbursement for physician-administered drugs at 340B hospitals at 120% of ASP. Also waiting to see how midterm elections shake out to consider next steps on policy. Meg Garratt-Reed asked Andrew Twinamatsiko if he could discuss precedent on patent preemption in this policy area – are there design decisions PDABs should be aware of to make policy more resilient to these challenges. Andrew noted that the DC price gouging law that resulted in the BIO decision was distinct from most PDABs – it specifically targeted patented drugs within the period of exclusivity. This doesn't mean that any program that	

	indirectly impacts profitability is preempted, and the BIO decision is an outlier. Sharon Treat followed up to ask about other state laws capping how much can be charged for insulin and whether they had faced challenges. Andrew shared that these generally had not been challenged since they were caps on consumer payments and were generally perceived as consumer protection laws. He also flagged that other state laws, like laws requiring the sale of 340B drugs to contract pharmacies at 340B rates, have been upheld despite patent preemption challenges. Much comes down to specific judges' reasoning. Kelsie asked Kirk Williamson if he could expand on the mention of a drug discount card. Kirk and Kate clarified that VT had passed a law this session allowing for cooperation with another state on securing bulk discounts, and the state is entering into an agreement to use Array Rx for discounts at the pharmacy counter. Kelsie noted she was looking at the MHDO dashboard and saw an insulin with an average price of $110, and she was aware there was a coupon for non-Medicare members that brought the cost to $35. She wondered if we could perhaps explore looking at lowest available price to consumers and analyzing potential savings. Jennifer Reck mentioned seeing a presentation from Connecticut recently about their experience implementing Array Rx and offered to share slides. Jennifer also asked Andrew whether he had reviewed the proposed rules codifying the MFP process – any concerns about those proposed rules or did they just seem to be transferring the existing guidance into rulemaking? Andrew replied that nothing in particular stood out. A couple sticky issues have been how to deal with combination drugs and what constitutes a single source drug – the rulemaking has included making some of those decisions more concrete. Some litigation on the program has focused on the whether the guidance process violates non-delegation, so rulemaking will lay some of that to rest. Rulemaking may raised new challenges around the Administrative Procedures Act, though.	

	Meg thanked the guest speakers and noted that the topic for the next meeting is consumer out-of-pocket costs so that could be an opportunity for more discussion of discount cards, and invited Board members to email with any other topics to discuss.	
VI. Open Discussion		
VII. Adjourn		Sharon Treat moved to adjourn the meeting and Kelsie Snow seconded.

Next meeting: August 24th, 2026