

Green Mountain Care Board  
Prescription Drug Technical Advisory Group  
December 1, 2020 Meeting Minutes

**Attendance (Group Members and GMCB)**

Jill Abrams, Assistant Attorney General & Director, Consumer Protection Division, Vermont  
Office of the Attorney General  
Nate Awrich, Director, Pharmacy Supply Chain, UVMHN  
Ena Backus, Director of Health Care Reform, AHS  
Debbi Barber, R. Ph, VP of Managed Care Contracting & Payor Relations, Kinney Drugs  
Emily Brown, Director of Rates and Forms, DFR  
Jordan Estey, Leader, Government Affairs, MVP Health Care  
Devon Green, Vice President of Government Relations, VAHHS  
Jeff Hochberg, Director, Smilin Steve Pharmacy Group & President of Vermont Retail Druggists  
Nancy Hogue, Pharm. D., Director of Pharmacy Services, DVHA  
Jim Hopsicker, Sr. Leader, Health and Pharmacacy Management, MVP Health Care  
Helen Labun, Director of Public Policy, Bi-State Primary Care Association  
Brian Murphy, Director of Pharmacy & Vendor Management, BCBSVT  
Rebecca Copans, BCBSVT (attended in place of Sara Teachout, Corporate Director, Government and  
Media Relations, BCBSVT)  
Robin Lunge, Board Member, GMCB  
Susan Barrett, Executive Director, GMCB  
Kevin Mullin, Chair, GMCB  
Christina McLaughlin, Health Policy Analyst, GMCB  
Lindsay Kill, Healthcare Data and Statistical Analyst, GMCB  
Abigail Connolly, Executive Assistant, GMCB

**Others Present**

Kaili Kuiper, HCA  
Laura Pelosi, MMR  
Jennifer Kaulius, UVMHN

**Welcome & Introductions**

Christina McLaughlin provided background on why the GMCB is convening the Prescription Drug Technical Advisory Group and shared its goal is to propose state solutions to the legislature to help control prescription drug costs in Vermont. It was noted that the group is a non-voting body, and all meetings are open to the public. All materials and meeting information relating to the GMCB Prescription Drug Technical Advisory Group, please visit the Group's webpage [here](#).

**State Actions Achieving Rx Cost-Savings**

Jennifer Reck, Project Director, Drug Pricing Center, NASHP presented state legislative action achieving prescription drug cost savings and three recent models of legislation developed by NASHP. For more information, the presentation is posted [here](#). Nancy Hogue mentioned for many of these initiatives, especially for Medicaid, it is important to know how the results are measured. The Virginia MCO savings was mainly from the administrative cost of the contract with the MCO and did not have a lot to do with drugs or utilization. Nancy also noted in June, CMS put out a proposed rule regarding value-based purchasing. This rule is opening the door to create more value-based agreements for commercial payers. Vermont Medicaid can already do this, and the value-based agreements allows you

to negotiate a rebate based on the effectiveness of the drug. The proposed rule is giving manufactures protection from resetting best price for Medicaid by creating multiple best prices based on the value-based agreements. This could be another option for commercial payers and CMS does intent to publish a final rule. Jennifer said the interest in these agreements has decreased since it does take time and resources to know how to successfully implement the value-based agreements. Oklahoma and Massachusetts have successfully entered into value-based purchasing agreements. Brian Murphy said BCBSVT is working to bring more manufactures to the table for value-based contracts, but it is usually for lower utilized drugs. Jeff Hochberg noted many of those prescription drugs with price hikes were slated to go generic.

Nathan Awrich asked which state model would reduce the total cost of prescription drugs the most. Jennifer said the international reference rate model or a drug affordability review board with the ability to set upper payment limits has the most potential. Nancy wondered if setting an upper price limit causes access issues and asked how it impacts pharmacies and other health care entities. Jeff Hochberg noted that 25% of Vermont's pharmacies are up for sale and ready to close, partly due to the pandemic, creating more access issues. Nate said pharmacies would have to think about not carrying certain products unless there is some way to push the penalty somewhere else in the supply chain. Jennifer said there is language in the model to make sure pharmacies do not pay above a certain amount which forces the hit to wholesalers and manufacturers. Jeff Hochberg noted it would be beneficial to have a reimbursement payment floor for pharmacies.

### **Vermont's Current Efforts**

Christina McLaughlin provided an overview of the prescription drug transparency and cost containment language in Act 193 of 2019. She reviewed the reporting requirements related to drug transparency, price increases, and introduction of new high-cost prescription drugs. For more information, the presentation is posted [here](#). Ena Backus provided a brief update on Vermont's drug importation efforts.

### **Discussion & Questions**

The group members proposed future meeting topics, including discussing consumer applications regarding drug prices relative to health plan, wholesaler transparency, background on Vermont's programs, policies/avenues for collecting and sorting pharmacy data, MA and NY drug price caps, and wasteful drugs. The group agreed to meet every other Monday afternoon (time TBD) and confirmed the next meeting will be scheduled for Monday, December 14<sup>th</sup>. Christina McLaughlin sent out a poll to determine what time works best for group members.

### **Public Comment**

There was no public comment.