

Green Mountain Care Board
Prescription Drug Technical Advisory Group
February 22, 2021 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

Debbi Barber, R. Ph, VP of Managed Care Contracting & Payor Relations, Kinney Drugs

Emily Brown, Director of Rates and Forms, DFR

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

Georgia Maheras, VP of Policy and Strategy, Bi-State Primary Care Association

Brian Murphy, Director of Pharmacy & Vendor Management, BCBSVT

Sara Teachout, Corporate Director, Government and Media Relations, BCBSVT

Robin Lunge, Board Member, GMCB

Kevin Mullin, Chair, GMCB

Lindsay Kill, Healthcare Data & Statistical Analyst, GMCB

Christina McLaughlin, Health Policy Analyst, GMCB

Abigail Connolly, Executive Assistant, GMCB

Others Present

Charles Storrow

Rebecca Copans

Jennifer Kaulius

Laura Pelosi

Kaili Kuiper

Theo Studdert-Kennedy

Dylan Zwicky

Health Plan Design & Enrollment Overview

Board Member Robin Lunge presented information on health insurance enrollment, state regulations relating to health insurance, standard Qualified Health Plan (QHP) planning, and the 2021 Vermont Health Connect plan designs and premiums. Please click [here](#) to view the full presentation. Brian Murphy shared the plan designs for the self-insured market vary widely since they do not look to the QHPs for plan design and noted there are a little over 14,000 individuals in Vermont enrolled in federal health plans.

Out-of-Pocket Costs and PBM Regulation/Issues Discussion

Group members discussed and asked questions about the Vermont Health Care Uniform Reporting and Evaluation Systems (VHCURES), Vermont's all-payer claims database. Lindsay Kill shared VHCURES has pharmacy utilization data for retail pharmacies for Medicare, Medicaid, and fully-insured insurance markets, but only has Point of Sale cost data. Lindsay referred to a presentation on the enrollment information posted [here](#). Robin added the Department of Health's Household Health Insurance Survey has consumer experience data relating to affordability, which is posted [here](#). Nathan Awrich mentioned many patients have \$150 copays at the pharmacy and are unable to get the medication they want. UVMHC has several thousand people enrolled in an assistance program for

medications and doles out millions each year. Finding out how many people choose to not fill a prescription due to cost would help the state better understand how to address out-of-pocket costs.

The group discussed ideas for how to address prescription drug out-of-pocket costs, including: 1) changing plan design (regulatory mechanism), 2) a state-funded benefit program to help with consumer affordability, 3) PBM regulation, 4) funding for switch data collection to know what insurance companies pay for prescriptions and find out the actual cost of prescription products and highest utilization to create better formularies, 5) statewide point of prescribing information for providers to know what the prescription will cost when prescribing, 6) expanding the 340B discount program as a source of discounts, and 7) create state risk pool for high-cost drugs to be included in 340B program.

Lindsay Kill added Maine put forth legislation to create a uniform reporting system for prescription drug prices. Some members noted PBM regulation might not actually address out-of-pocket costs for patients. The group also discussed that Vermont currently limits out-of-pocket costs for fully-insured plans to \$1,400 per year, and the proposed in the Vermont legislature to limit insulin out-of-pocket costs to \$100 a month.

Public Comment

There was no public comment.