

Green Mountain Care Board
Prescription Drug Technical Advisory Group
March 8, 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

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 Pharmacracy Management, MVP Health Care

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

Others Present

Jennifer Kaulius

Laura Pelosi

Kaili Kuiper

Theo Studdert-Kennedy

Lucie Garand

Lisa Hurteau

Matt McMahon

Addressing Out-of-Pocket Costs Discussion

Robin Lunge reviewed the topics discussed at previous meetings around addressing out-of-pocket costs and the group member feedback on the survey ranking topics by interest. Click [here](#) to view the related presentation. Group members shared comments on where to move forward to address patient out-of-pocket costs and focus the group's efforts. The discussion included:

- Create a Vermont assistance program similar to GoodRx that is reliable and non-predatory. GoodRx makes its money by charging pharmacy fees and allowing others to use its data. A Vermont-based version would allow the state to offer assistance to patients at the pharmacy while collecting data for research purposes. Vermont Medicaid does sponsor a drug discount program called Healthy Vermonters open to people under 450 or 400% FPL and who are elderly or disabled. Medicaid has not evaluated how effective the program is since migrating the reimbursement platform in 2017 based on CMS rule. Nancy Hogue plans to run an analysis to compare reimbursement through Healthy Vermonters versus through GoodRx. Nancy also suggested modifying or broadening the Healthy Vermonters program.
- Regulate GoodRx and other similar programs' fees.
- Pros/cons for out-of-pocket maximums in statute for specific prescription drugs. One challenge is once a number is in statue, it will not change easily.

- Plan design process – there is a current mechanism for Exchange plans in the Department of Vermont Health Access stakeholder group (does not include Large Group or self-insured).
- Gather more data to know where to start (i.e., a literature review to see what research is saying on drugs to narrow field or a survey, potentially tacked on to the next Vermont Household Health Insurance Survey)
- Ensure providers have cost information at point of prescribing.
- Look into adherence rates and gather data on which patients do not fill their first prescription to reduce costs.
- Invite someone from Sure Scripts to talk to the group about data.
- Request allocation to purchase switch data to identify which drugs Vermonters are spending the most money on and the cost to insurers, pharmacies, and more. This proposal may require contracting with a third party to review the data and create a report.

Follow-Up

- Subgroup (insurers, Jeff Hochberg, and Nancy Hogue) working on pulling prescription drug data as a small switch/out-of-pocket cost analysis to share at a later meeting
- Devon Green looking into whether VAHHS collects information on what types of medication-related conditions are driving emergency department visits/readmissions
- Nancy Hogue looking into if there's a way to quantify the number of scripts through the provider tax collection

Public Comment

There was no public comment.