Health Care Cabinet Subcommittee
Legislative & Administrative Initiatives Review Work Group

Meeting Minutes

Wednesday, November 8, 2017
450 Capitol Avenue Room 2B
1:00 p.m. - 2:00 p.m.

Present: *Chair* - Ted Doolittle (OHA), Sherri Koss (Minutes)

Via Telephone: Susan Adams (Masonicare), Krista Ostaszewski (DSS), Kristin Campanelli (CID); Eric Weinstein (CID); Jenna Lupi (SIMS), Anita LNU (member of the public representing Pharma)

Introductions

Meeting opened at 1:03 PM and Introductions were made by all parties

Minutes from October 11, 2017

Jenna Lupi motioned to approve as they stand, Susan Adams seconded, no nays. No discussion
All approved - motion passed

Public Comment

No public comment

Progress Report

Ted proposed that we use the document shared today as a final report and cover for a binder or packet to present to the Healthcare Cabinet for their use. The document was informed by a variety of phone calls with experts. The summary focuses on legislative measures that have received some measure of traction in addition to bills that had been passed. Not meant to be a comprehensive report; already been done by other resources. 2 main categories – Transparency and Cost; focused on California, Nevada, New York and Maryland laws. Jenna asks of those highlighted are there 1 2 or 3 are the way to go or larger cabinet can narrow it down. Ted responded that this work group's charge was not to make policy recommendation. Just get people focused on categories that CT needs to consider.

Category one - Transparency:

- A California law requires manufacturers to provide info about price hikes; these laws typically are triggered by a threshold (such as a certain percentage increase in price over a set period); California's law also is limited to drugs w/wholesale cost over $40 (California)
- Other states have made thresholds higher to avoid collecting huge amounts of data; Nevada targeted a particular type of drug (diabetes) for data reporting;
- CT Law just got passed that empowers pharmacists to discuss lower cost options right at the counter; and Nevada has something similar in a new law. California type laws that have excessive cost as trigger – these types of law raise the need to define what is excessive?

Jenna asks Ted do you have any insight as to the rationale behind the California law – do they intend to go further and have more aggressive laws? Ted, possible. Some states force transparency without forcing regulation or other enforcement – some just required data to be shared – pure transparency without further regulation. That comports with federal level – Sunshine Act/Open payments mechanism where pharmaceutical and medical device makers must report payments to doctors.

State Laws can require a hands off approach Federal government not saying you can't give money to doctors, just that the payments must be reported. Some laws at State level could likewise take a hands off approach and just require data transparency

Category 2 – Pricing/Cost measures

Such laws take a more active posture, and are trending towards setting prices. Ballot propositions in both California and Ohio would have required Medicaid to pay no more than the VA. Both ballot propositions failed one in CA in 2016, and one in Ohio failed last night. $49 million spent by pharma to defeat the measure last night in Ohio; reportedly $100 million in California. The report makes notes where a measure sparks litigation, feels important for CT to take into account; VT has laws where info has to be public whereas other states don't have that; arguments by anti-trust authorities such as the FTC where making this price information public could drive costs up.

The important thing for this work group to do for fellow HCC members – provide resources. Among the key ones, which are linked to in the Final Report:

- NASHP Documents with spreadsheets describing state legislation from 2017, and from 2015-2016.
- National Conference of State Legislatures has a searchable database for legislation that's been introduced in the past couple of years (2015, 2016 and 2017), and
- Curbing Unfair Prices – A Primer for States (Yale study that has been presented to the full HCC in the past).

Eric questions where has this group decided to fall in the continuum; In terms of items being regulated where do you see that being led from in the other states, are they locating this in their Public Health Department; AG's office; or somewhere else? What do you see in other states and where do you see us in what the group decide to recommend? Ted sees several states invoking AG; other states DPH involvement; not sure how many focus on DOI or have DOI involvement. This work group was charged with finding out what's going on and providing resources to HCC – not coming up with policy recommendations. Makes sense for CT to probably go with proposals that are as tested as possible.

Susan questions did you stumble across education resources that are being utilized. Ted states he did not proactively seek that information, but did not come across any.

Krista – from Medicaid perspective – a lot of provisions from other states and warrant some additional review; when passed legislation moves forward; keep in mind CT is part of TOPS a multi-state collaborative that negotiates pharmaceutical pricing – a purchasing collaborative. Ted responds are any of the states he mentioned today part of TOPS; Krista – don't think so will get back to Ted with a web link that talks about the collaborative and the States involved. Krista states that outcomes are monitored as we move forward. (Ed. Note: post-meeting review of the TOPS link shows that the TOPS states are: CT, ID, LA, MD, NE, and WI.)

Next Steps

Ted to put together a binder with info from this meeting and info on the TOPS collaborative. Ted to present this info at the HCC meeting.

Adjournment

Jenna Lupi motioned to adjourn; Eric Weinstein seconded.

Meeting adjourned at 1:41 p.m.