

# Green Mountain Care Board

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# About Us

- Established in 2011 (Act 48)
- 5 Board Members
- 6-Year Staggered Terms
- The GMCB is an independent Board that is part of state government
- Quasi-judicial

## THE BOARD & EXECUTIVE DIRECTOR



Owen Foster, JD  
GMCB Chair



Jessica Holmes, PhD  
GMCB Member



Robin Lunge, JD, MHCDS  
GMCB Member



David Murman, MD  
GMCB Member



Thom Walsh,  
PhD, MS, MSPT  
GMCB Member



Susan Barrett, JD  
GMCB Executive Director

# About Us



**Mission** Drive system-wide improvements in **access, affordability, and quality** of health care to improve the health of Vermonters.



**Regulate** major areas of Vermont’s health care system in service to the public interest

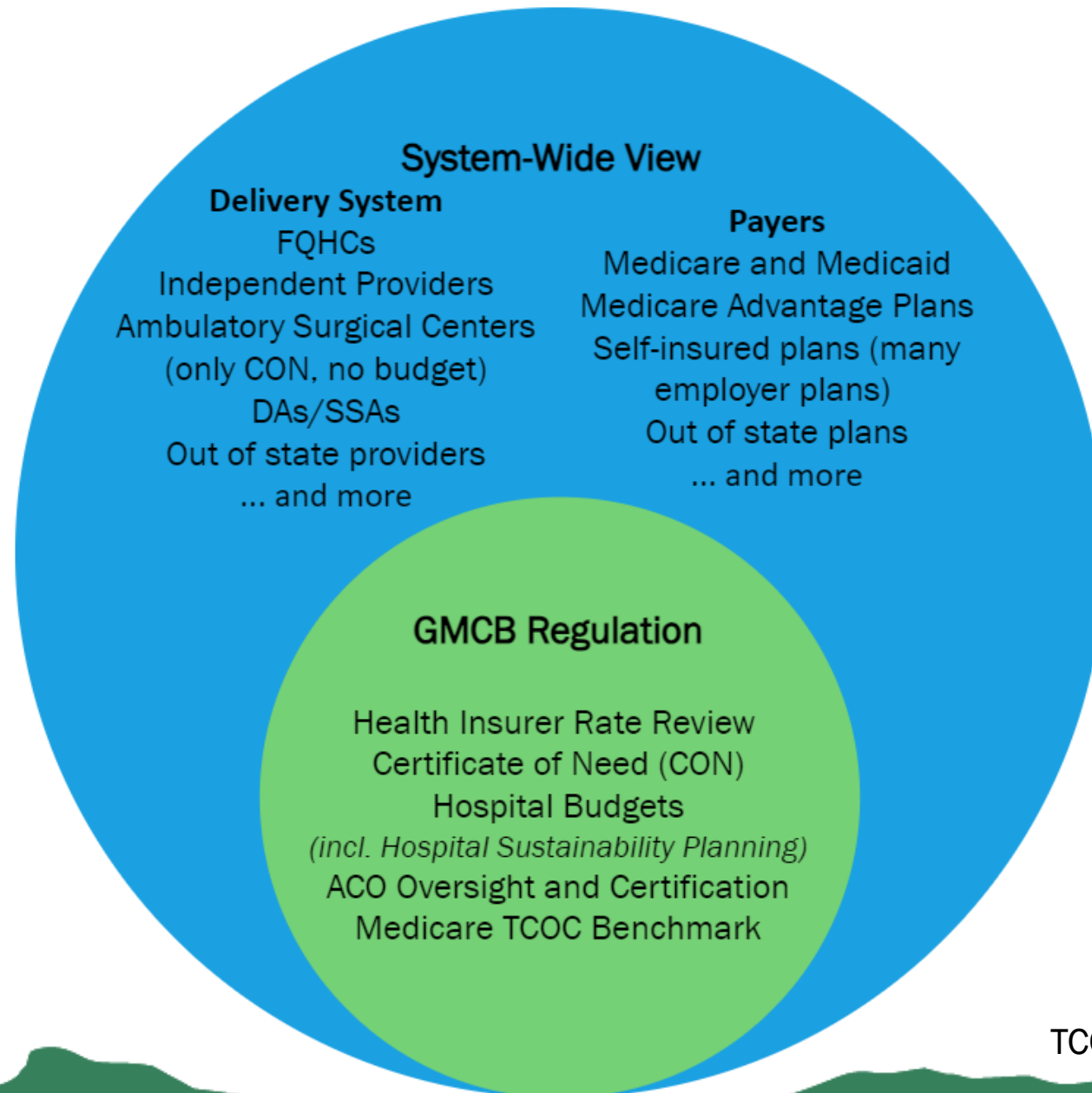


Serve as an unbiased **source of information and analysis** on health system performance



**Monitor and evaluate** health care payment and delivery system reform to provide public transparency

# Role of GMCB



TCOC: Total cost of care

# GMCB's Current Data View into Prescription Drug Costs



- **Data Stewardship: VHCURES** (Vermont's All-Payer Claims Database) collects certain pharmacy claims data
- **GMCB receives reporting:**
  - [Act 193 of 2018](#) for major medical health insurers with more than 1,000 covered lives in Vermont (MVP, BCBSVT, and Cigna), overall impact of prescription drugs on premiums
- **Regulatory processes:** GMCB sees impact of high prescription drug costs in insurance rate review and hospital budgets



State	Initiative	Enabling legislation	Model	Can it set upper payment limits?	Population impacted
Colorado	Colorado's Prescription Drug Affordability Board (CO SB 175 - 2021)	CO HB 23-1225 (2023)	Colorado's Prescription Drug Affordability Review Board has the authority to review the affordability of certain drugs and establish upper payment limits.	Yes (for up to 12 drugs during the first three years of implementation, unless the Board determines a need to do so for up to eighteen drugs)	All consumers in the state (excluding enrollees in self-funded plans that elect not to participate).
Maine	Maine's Prescription Drug Affordability Board (ME LD 1499/Chapter 471 - 2019)	ME LD 120 (2021)	Maine's Prescription Drug Affordability Review Board has the authority to determine spending targets for specific drugs and can recommend policies to meet the targets.	No	Public plan enrollees
Maryland	Maryland's Prescription Drug Affordability Board (MD HB 768 - 2019)	MD HB 1100 (2020), MD HB 200/SB 181 (2023), and MD HB 279/SB 202 (2023)	Maryland's Prescription Drug Affordability Board will study the pharmaceutical supply chain and review possible policy options, including but not limited to, setting upper payment limits.	Yes, pending additional legislative approval.	Enrollees in a public plan, - may expand to all payers
Minnesota	Minnesota's Prescription Drug Affordability Board (MN SF 2744 – Sections 62J.85 through 62J.95 of FY 2024 Commerce Appropriations)	N/A	Minnesota's Prescription Drug Affordability Board has the authority to review the affordability of certain drugs and establish upper payment limits. An upper payment limit will reference the federally negotiated Medicare maximum fair price for any drug with a Medicare maximum fair price.	Yes	All consumers in the state (excluding plans preempted by the Employee Retirement Income Security Act (ERISA) which elect not to participate)
New Hampshire	New Hampshire's Prescription Drug Affordability Board (NH HB 1280 - 2020)	N/A	New Hampshire's Prescription Drug Affordability Review Board has the authority to determine spending targets for specific drugs and will recommend policies to meet those targets.	No	Public plan enrollees
Oregon	Oregon's Prescription Drug Affordability Board (OR SB 844 - 2021)	OR SB 192 - 2023	Oregon's Prescription Drug Affordability Board has the authority to review prices for nine drugs and at least one insulin product that are expected to create affordability challenges. The board will also conduct an annual study of the generic drug market.	No	N/A
Washington	Washington's Prescription Drug Affordability Board (WA SB 5532 / Chapter 153 - 2022)	N/A	Washington's Prescription Drug Affordability Board has the authority to review the affordability of certain drugs and establish upper payment limits.	Yes (for up to 12 drugs)	All consumers in the state (excluding enrollees in self-funded plans that elect not to participate).
Massachusetts	*Medicaid Model Massachusetts Enhanced Negotiating Authority (HB 4000 - Section 46 of FY 2020 Budget)	N/A	The Massachusetts Executive Office of Health and Human Services may directly negotiate supplemental rebate agreements with drug manufacturers. If an agreement cannot be reached, the manufacturer may be referred to the Health Policy Commission (HPC) for review. The HPC can identify a proposed value of the drug and propose a supplemental rebate.	No	Medicaid enrollees
New York	*Medicaid Model New York's Medicaid Drug Benefit Budget Cap (S 2007/PHL § 280 - 2017)	Updated in SSL § 367-a	New York's Medicaid program has the authority to negotiate with drug manufacturers for supplemental rebates if spending on a drug is expected to exceed the Medicaid drug cap (PHL §280) or if a newly launched drug meets certain thresholds to be considered "high cost" (SSL §367-a).	No	Medicaid enrollees

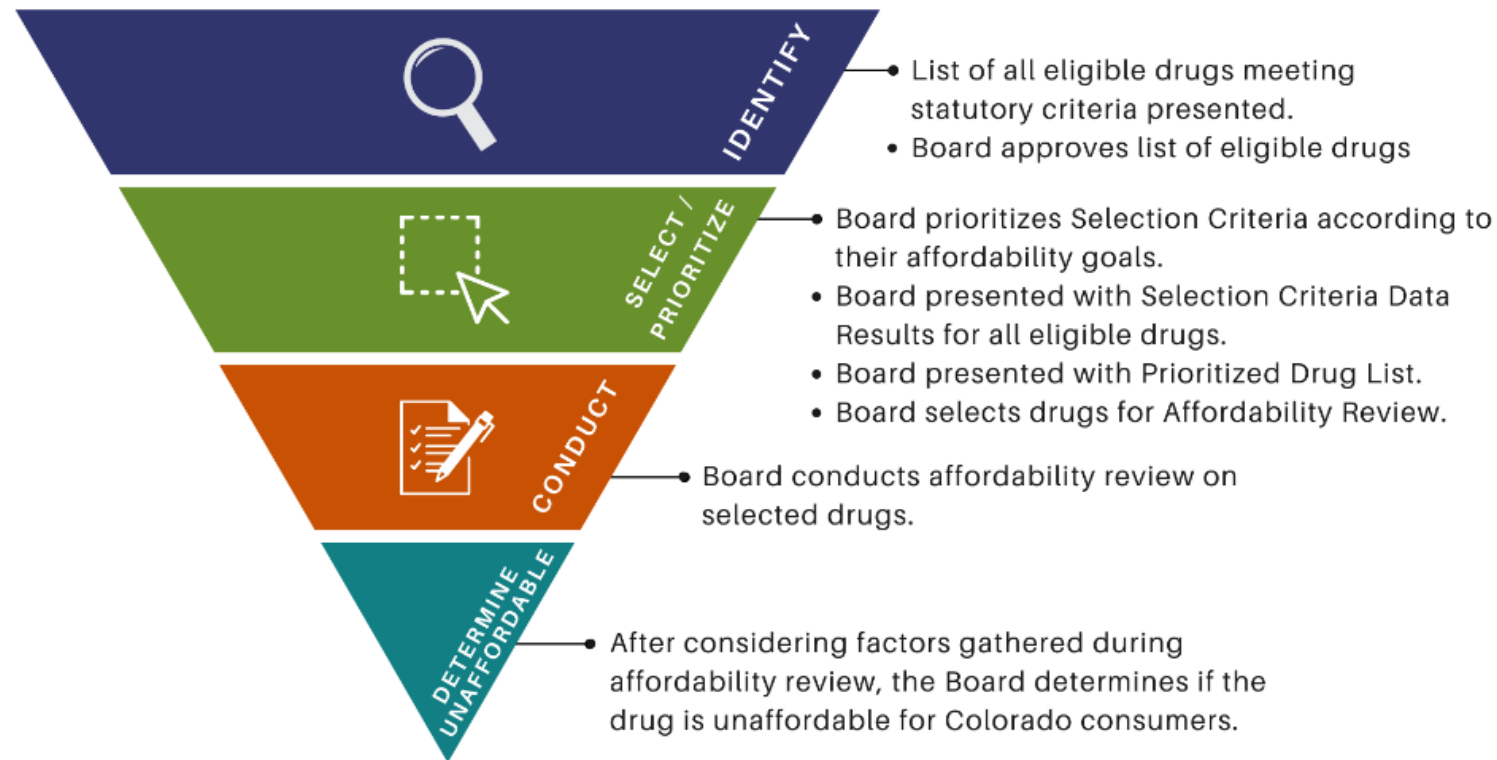
- PDABs are relatively new and are all unique
- Four states have the authority to set Upper Payment Limits (UPLs):
  - Colorado
  - Maryland
  - Minnesota
  - Washington

Source: NASHP Comparison

*PDAB: Prescription Drug Affordability Board*

# PDAB Process Example - Colorado

## Affordability Review Process



Colorado is the first state to start affordability reviews

- 5 drugs selected for review
- 1<sup>st</sup> review completed – Board voted that Trikafta is not unaffordable for Colorado consumers

Source: [Colorado PDAB](#)

PDAB: Prescription Drug Affordability Board

# Resources for States where the PDAB has Upper Payment Limit Authority



State	Budget	FTEs
Colorado	For the 2021 - 2022 state fiscal year, \$730,711 was appropriated for implementation.	2 FTEs, 2 part-time Assistant Attorneys General Additional contractors as needed (\$250,000 allocated)
Minnesota	The Board was appropriated \$568,000 for FY 2024 and \$537,000 for FY 2025 to create and maintain the Prescription Drug Affordability Board. The base appropriation for FY2026 is \$500,000.	1 FTE (Executive Director) with potential other FTE staff. The Board will be supported by the Commissioner of Health and the Attorney General.
Maryland	FY2020: \$831,900 2022: Board operated with a \$1 million annual budget based on projected collected annual fees. 2023: the state budget for fiscal year 2024 appropriated \$1,426,736 in special funds to the Board.	5 FTEs One part-time assistance Assistant Attorney General Additional contractors as needed (\$250,000 allocated)
Washington	Through supplemental appropriations to Washington's 2021-2023 budget, the Board was appropriated \$1,460,000 from the general fund for fiscal year 2023 and \$31,000 from the insurance commissioner's regulatory account.	4 FTEs

Source: NASHP Comparison

*PDAB: Prescription Drug Affordability Board*



# Recommendations for Further Discussion

- Vermont-specific considerations:
  - Addition of HCA in process similar to other regulatory processes
  - How and when drug review would fit into GMCB regulatory schedule
    - Existing GMCB reports on [Regulatory Alignment](#)
  - Legal review to understand connection with GMCB's existing authorities
- Building on model language / lessons in other states:
  - Build on work of Medicare and other states that have already begun reviewing drugs for affordability
  - Utilize language from other states/models to protect access and strengthen bill

# Resources Needed



- Staffing
- Funding
- Reference:  
NASHP has a [summary of funding and FTEs](#) for existing PDABs