

Act No. 165 (S.216). Health; prescription drugs; health insurance; Vermont Health Benefit Exchange; Medicaid; 340B drug pricing

An act relating to prescription drugs

This act directs the Green Mountain Care Board to identify annually up to 15 prescription drugs on which the State spends significant health care dollars and for which the wholesale acquisition cost has increased by 50 percent or more over the past five years or by 15 percent or more over the past 12 months. The Board must provide the list of prescription drugs and the percentage that the wholesale acquisition cost for each drug increased to the Attorney General's Office and post the information on the Board's website. For each drug listed, the Attorney General's Office must require the drug's manufacturer to provide a justification for the wholesale acquisition cost increase, and the manufacturer must submit to the Office relevant information and supporting documentation. The act requires the Attorney General to provide an annual report to the General Assembly based on the information the Office receives from manufacturers and to post the report on the Office's website.

The act requires the Commissioner of Financial Regulation to adopt rules requiring health insurers that offer plans through the Vermont Health Benefit Exchange to provide searchable information online about their Exchange plan prescription drug formularies. It directs the Department of Vermont Health Access to use the same dispensing fee in its reimbursement formula for 340B prescription drugs as it uses to pay for non-340B prescription drugs under the Medicaid program, and to provide information to the General Assembly about 340B drug reimbursement and the 340B program. It allows at least one bronze-level Exchange plan offered for the 2018 plan year to have a higher out-of-pocket limit on prescription drug spending than the limit established in statute and directs the Department of Vermont Health Access to convene an advisory group to develop options for 2018 bronze plans. The act requires the Director of Health Care Reform in the Agency of Administration to report on whether the Secretary of the U.S. Department of Health and Human Services has the authority to waive annual limits on out-of-pocket expenses or actuarial value requirements for bronze-level plans, or both, and if so, to apply for such a waiver by March 1, 2017. It also directs the Department of Vermont Health Access to provide information to the General Assembly about bronze-level plans and enrollment trends and recommendations on the out-of-pocket prescription drug limit.

Effective Date: June 2, 2016