

1 Introduced by Committee on Health Care

2 Date:

3 Subject: Health; prescription drugs; manufacturers; costs

4 Statement of purpose of bill as introduced: This bill proposes to require the  
5 manufacturers of prescription drugs identified by the Green Mountain Care  
6 Board as having a significant impact on health care spending to report certain  
7 information regarding the research, development, acquisition, and other costs  
8 associated with the manufacture of the drug and the prices charged to  
9 purchasers inside and outside the United States. It would direct the Green  
10 Mountain Care Board to provide an annual report describing the information  
11 received and to determine whether the data suggest the need for legislative,  
12 administrative, or other policy changes.

13 An act relating to prescription drug manufacturer cost transparency

14 It is hereby enacted by the General Assembly of the State of Vermont:

15 Sec. 1. 18 V.S.A. § 4635 is added to read:

16 § 4635. PHARMACEUTICAL COST TRANSPARENCY

17 (a) As used in this section:

18 (1) “Manufacturer” shall have the same meaning as “pharmaceutical  
19 manufacturer” in section 4631a of this title.

20 (2) “Prescription drug” means a drug as defined in 21 U.S.C. § 321.

1        (b) The Green Mountain Care Board shall develop a list of specific  
2        prescription drugs on which the State spends significant health care dollars,  
3        creating a substantial public interest in understanding the development of the  
4        drugs' pricing.

5        (c)(1) For each prescription drug that the Green Mountain Care Board  
6        places on the list developed pursuant to subsection (b) of this section, the  
7        Board shall require the drug's manufacturer to report the following  
8        information:

9                (A) the number of years the drug has been available for purchase in  
10              the United States;

11              (B) the number of years remaining, if any, on the patent for each  
12              formulation of the drug;

13              (C) the total research and development costs paid by the  
14              manufacturer and, separately, the total research and development costs paid by  
15              any predecessor and by any third party, public or private, in the development  
16              of the drug, showing both the total amounts spent on research and development  
17              by the manufacturer, its predecessors, and third parties over time and the  
18              amounts spent by each per year as well as any amounts from federal, State, or  
19              other governmental programs and any form of subsidies, grants, or other  
20              support;

1           (D) the costs of clinical trials and other regulatory costs paid by the  
2           manufacturer and, separately, the costs of clinical trials and other regulatory  
3           costs paid by any predecessor in the development of the drug, as well as the  
4           cost of any postclinical studies mandated by the U.S. Food and Drug  
5           Administration;

6           (E) other costs to acquire the drug, including costs for the purchase of  
7           patents, licensing, property rights, or acquisition of a corporate entity owning  
8           rights to the drug while in development;

9           (F) a cumulative annual history of increases in the average wholesale  
10          price and wholesale acquisition cost of the drug over the preceding five-year  
11          period, expressed as percentages, and the month each such increase took effect;

12          (G) prices for the drug charged to purchasers outside the United  
13          States, by country, for a representative set of five countries to be selected  
14          annually by the Green Mountain Care Board;

15          (H) prices charged to typical purchasers in Vermont during the  
16          previous year, including pharmacies, pharmacy chains, pharmacy wholesalers,  
17          and other direct purchasers of prescription drugs; and

18          (I) typical prices charged to pharmacy benefit managers for  
19          distribution in Vermont during the previous year, net of rebates and of other  
20          payments from the manufacturer to the pharmacy benefit manager and the  
21          pharmacy benefit manager to the manufacturer.

1           (2) The reported information shall be audited by an independent,  
2           third-party auditor prior to filing.

3           (d) The Green Mountain Care Board shall provide a report to the General  
4           Assembly on or before December 1 of each year describing the information  
5           received from manufacturers pursuant to this section. The Board shall review  
6           and analyze the data, aggregate the data to determine trends in components of  
7           drug production costs, and determine whether the data suggest the need for  
8           legislative, administrative, or other policy changes. The report shall include a  
9           statement of the total cost to the State of Vermont for the year for each drug  
10           identified pursuant to subsection (a) of this section paid for through the State  
11           Employees Health Benefit Plan, Medicaid, VPharm, and any other State  
12           program for the purchase of prescription drugs. The Board shall also post the  
13           report on the Board’s website.

14           (e) Information and reports provided to the Green Mountain Care Board  
15           pursuant to this section are exempt from public inspection and copying under  
16           the Public Records Act and shall not be released. Any public reporting of the  
17           information shall be aggregated in order to protect the financial, competitive,  
18           or proprietary nature of the information.

19           Sec. 2. EFFECTIVE DATE

20           This act shall take effect on passage.