



# **120th MAINE LEGISLATURE**

# **FIRST REGULAR SESSION-2001**

Legislative Document

No. 1722

S.P. 560

In Senate, March 20, 2001

An Act to Recognize Exemplary Efforts to Lower the Cost of Prescription Drugs.

Reference to the Committee on Health and Human Services suggested and ordered printed.

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JOY J. O'BRIEN Secretary of the Senate

Presented by Senator LONGLEY of Waldo. Cosponsored by Senator MARTIN of Aroostook, Representatives: DUGAY of Cherryfield, KANE of Saco.

Be it enacted by the People of the State of Maine as follows: 2 PART A 4 Sec. A-1. 22 MRSA §254, sub-§8-B is enacted to read: б 8-B. Action with regard to nonparticipating manufacturers and labelers. The names of manufacturers and labelers who do and 8 do not enter into rebate agreements pursuant to subsection 8 are 10 public information. The department shall release this information to health care providers and the public on a regular basis and shall publicize participation by manufacturers and 12 labelers that is of particular benefit to the public. 14 Sec. A-2. 22 MRSA §2681, sub-§7, as enacted by PL 1999, c. 16 786, Pt. A, §3, is amended to read: Action with regard to nonparticipating manufacturers and 18 7. labelers. The names of manufacturers and labelers who do and do 20 not enter into rebate agreements pursuant to this subchapter are information. The department shall public release this 22 information to health care providers and the public on a regular basis and shall publicize participation by manufacturers and 24 labelers that is of particular benefit to the public. The department shall impose prior authorization requirements in the 26 Medicaid program under this Title, as permitted by law, for the dispensing of prescription drugs provided by those manufacturers 28 and labelers. 30 PART B Sec. B-1. Business Advisory Committee on Prescription Drug Costs 32 and Efficiencies. The Business Advisory Committee on Prescription Drug Costs and Efficiencies, referred to in this section as the 34 "committee," is established. 36 Membership. The committee consists of 12 members 1. 38 appointed as follows: 40 Two members of the Senate, one from each of the 2 Α. political parties with the greatest number of elected members, appointed by the President of the Senate; 42 Two members of the House of Representatives, one from 44 в. each of the 2 political parties with the greatest number of elected members, appointed by the Speaker of the House; 46 The Commissioner of Human Services or the commissioner's C. 48 designee;

- 2 D. The Commissioner of Professional and Financial Regulation or the commissioner's designee;
- E. One representative from a statewide health management organization, appointed by the President of the Senate;
- 8 F. One representative from a statewide senior citizen organization, appointed by the Speaker of the House;
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G. One representative from a drug manufacturing business, appointed by the Speaker of the House;

- 14 H. Two representatives from pharmaceutical associations, appointed by the Governor; and
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I. One physician, appointed by the Governor.

The President of the Senate and the Speaker of the House shall send invitations for the first meeting of the committee to all members of the Congressional Delegation from the State.

2. Appointments. All appointments to the committee must be
 24 made no later than 30 days following the effective date of this
 Act. The appointing authorities shall notify the Executive
 26 Director of the Legislative Council upon making their appointments.

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3. Meetings. The Chair of the Legislative Council shall 30 call and convene the first meeting of the committee within 15 days of the date that the last committee member is appointed.

4. Chair. The members of the committee shall appoint a 34 chair from among the membership at the first meeting of the committee.

- 5. Staff. Upon the approval of the Legislative Council, 38 the Office of Policy and Legal Analysis shall provide staff support to the committee.
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6. Compensation. The committee members who are Legislators
42 are entitled to receive legislative per diem and expenses, as defined in the Maine Revised Statutes, Title 3, section 2, for
44 each day's attendance at meetings of the committee. The members of the committee who are neither employees of the State nor
46 Legislators are entitled to a per diem and expenses equal to the legislative per diem and expenses.

7. Duties. In order to advise the Legislature on 50 establishing efficiencies in the State's pharmaceutical markets, the committee shall: A. Assess covered outpatient prescription drug prices throughout the State and compare the prices to those of other states and countries;

 B. Create model discount and rebate agreements using existing pharmaceutical discount purchasing and assistance
 programs such as those offered through Medicaid, the federal Department of Veterans Affairs, public health services and
 successful programs in other states and countries to secure the highest discounts and rebates available;

C. Seek to obtain the best prices for all the State's citizens requiring outpatient prescription drugs and obtain prescription drugs with the least administrative and regulatory burden on manufacturers, distributors and state agencies; and

D. Gather and publicize outpatient prescription retail drug prices in the State and show prices of comparable prescription drugs found in other states and countries, including Canada, the United Kingdom and Australia.

24 8. Report. The committee shall submit its findings, recommendations, together with any including recommended legislation, to the Governor and the Joint Standing Committee on 26 Health and Human Services by January 15, 2002. If the committee requires an extension of time to make its report, it may apply to 28 the Legislative Council, which may grant the extension.

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9. Budget. The chair of the committee, with assistance
32 from staff, shall administer the committee budget. Within 10 days after its first meeting, the committee shall present a work
34 plan and proposed budget to the Legislative Council for approval. The committee may not incur expenses that would result
36 in the committee exceeding its approved budget.

## PART C

40 Sec. C-1. 22 MRSA c. 603, sub-c. I-A is enacted to read:

#### SUBCHAPTER 1-A

#### 44 VOLUNTARY REDUCTION OF PRESCRIPTION DRUG COSTS

#### 46 §2686. Voluntary reduction of prescription drug costs

It is the policy of the State to encourage the reduction of prescription drug costs paid by residents of the State, the
 amount paid by public programs to assist residents of the State

with the purchase of prescription drugs, the amount paid by
health care coverage and benefit programs and other 3rd-party payors and the per unit cost of prescription drugs. To achieve
the goals under subsection 1, the department shall undertake a program to encourage the voluntary reduction of prescription drug
costs as provided in this section.

 8 1. Prescription drug cost goals. Using the total cost of all drugs dispensed in the State in 2000 as the base-line figure,
 10 the statewide price reduction goals for the cost of all prescription drugs dispensed in the State are a 5% reduction of
 12 the base-line figure for 2000 in cost by January 2003, a 10% reduction in cost by January 2004, a 15% reduction in cost by
 14 January 2005 and a 20% reduction in cost by January 2006.

2. Voluntary reduction of prices; progress reports. 16 Manufacturers or labelers of prescription drugs, as defined in 18 section 2697, shall undertake efforts to voluntarily reduce the cost of prescription drugs and to assist in the achievement of 20 the prescription drug cost goals established in subsection 1. By April 1, 2002 and annually thereafter, each manufacturer or labeler shall report to the commissioner the efforts being made 22 by the manufacturer or labeler toward the achievement of the 24 prescription drug cost reduction goals, Each manufacturer or labeler shall include in the annual report under this subsection progress reports stating, for each of the 100 prescription drugs 26 of the manufacturer or labeler having the highest volume of dispensation in the State during the past calendar year, the 28 average wholesale price for each drug, the highest, lowest and 30 average cost for which the drug was sold and details about voluntary efforts on the part of the manufacturer or labeler to 32 reduce the cost of prescription drugs dispensed in the State.

34 3. Annual report of commissioner. By July 1, 2002, and annually thereafter, the commissioner shall provide to the Legislature a report based on the annual progress reports filed 36 by the manufacturers or labelers under subsection 2. The report 38 must include recognition of exemplary efforts by manufacturers or labelers to reduce the cost of prescription drugs, 40 recommendations for action to bring about further reductions in cost and the names of manufacturers or labelers that are worthy 42 of public recognition for their efforts toward the achievement of the goals of this section or that merit attention for their lack of effort toward the achievement of the goals of this section. 44

### SUMMARY

This bill establishes the Business Advisory Committee on 50 Prescription Drug Costs and Efficiencies. The committee is

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directed to conduct a study concerning outpatient prescription drug prices in the State and obtain comparable pricing from other 2 states and countries. The committee is charged with creating 4 model discount and rebate agreements usinq existing pharmaceutical discount purchasing and assistance programs such 6 as those offered through Medicaid, the federal Department of Veterans Affairs, public health services and other successful programs in other states and countries to secure the highest 8 discounts and rebates available on prescription drugs.

This bill also directs the Department of Human Services to 12 publicize the names of the pharmaceutical companies that participate and do not participate in the Maine Rx Program, 14 established in the Maine Revised Statutes, Title 22, section 2681, and the elderly low-cost drug program, established in Title 16 22, section 254.

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18 The bill enacts a program to encourage prescription drug manufacturers and labelers to voluntarily reduce the cost of 20 drugs paid by Maine residents and by public programs to assist in the purchase of prescription drugs and the per unit cost of 22 prescription drugs dispensed in the State. It sets goals for cost reduction and requires manufacturers and labelers to file 24 annual progress reports stating their efforts to assist in the achievement of the State's goals and the costs of their drugs 26 dispensed in the State. The bill requires the Commissioner of Human Services to file an annual report with the Legislature 28 recognizing exemplary efforts and including recommendations for action and the names of manufacturers and labelers worthy of 30 public recognition for their effort or those names of manufacturers and labelers that merit attention for their lack of 32 effort.