Nancy Wyman
LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes
September 12, 2017

Meeting Date	Meeting Time	Location
September 12, 2017	9:00am-11:00am	Legislative Office Building, Hearing Room 1D 300 Capitol Avenue, Hartford

Participant Name and Attendance

Healthcare Cabinet Members					
Lt .Governor Nancy Wyman		James Wadleigh (AHCT)	x	Hussam Saada	
Pat Baker	x	Dr. Raul Pino (DPH)	x	Kristin Campanelli for Katharine Wade (CID)	x
		Jordan Scheff (DDS)	x	David Whitehead	
Susan Adams	x	Shelly Sweatt	x	Kate McEvoy (DSS)	x
Ellen Andrews	x	Joshua Wojcik (OSC)	x		
Miriam Delphin-Rittmon (DMHAS)	x	Kurt Barwis			
Theodore Doolittle (OHA)	x	Anne Foley (OPM)			
Margherita Giuliano	x	Dr. William Handelman			
Bonita Grubbs	x	Robert Tessier			
Frances Padilla	x	Michael Michaud			
Members Via Phone					
Nichelle Mullins	x				
Dr. Ricka Wolman (DCF)	x				
Others Present					

Meeting Information is located at:http://portal.ct.gov/Office-of-the-Lt-Governor/Healthcare-Cabinet/Healthcare-Cabinet

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	Agenda	Responsible Person
1.	**Welcome and Introductions**	**Pat Baker**
	Call to Order The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, September 12th at the Legislative Office Building Room 1D in Hartford, CT. The meeting convened at 9:00 a.m. Pat Baker presiding. Ms. Baker also introduced Nichelle Mullins, President and Chief Executive Officer of Charter Oak Health Center, Inc. as the newest member to the Healthcare Cabinet.	
2.	**Public Comment**	**Pat Baker**
	There was no public comment.	
3.	**Review and Approval of the August 8th, 2017 Minutes**	**Pat Baker**
	The motion was made by Frances Padilla and seconded by Rev. Bonita Grubbs to approve the minutes of the August 8th, 2017 meeting @ 9:05 a.m. **Motion carried.**	
4.	**APCD Presentation on Pharmacy Data**	**Pat Baker**
	Ms. Baker introduced Robert Blundo, Director, Technical Operations and Analytics, Interim Director for APCD (All Payers Claims Database) Project from Access Health CT to provide the APCD update. Mr. Blundo described what is collected from payers required to submit data on medical and pharmacy claims. The reporting requirements consist of requiring entities with 3,000 members to use a standardized format, established by the APCD for the submission of claims. The format provides for monthly updates containing pricing procedural codes for auditing. The data collected on prescription drug claims reveals the limitations and challenges of data and how it is being used in other states that have APCD'S. Mr. Blundo informed the Cabinet that the APCD was established in 2013 and the vision for the APCD is to collect administrative data that will be comprehensive. Mr. Blundo noted that the APCD's intended audience includes consumers, state agencies, stakeholders, providers, insurers and others. Mr. Blundo introduced the APCD's three Legislative charges are to: • Facilitate transparency and information sharing available to consumers • Make data available through a release process, and • Build a website to assist consumers for education Mr. Blundo explained the current data limitations and challenges on pharmacy data: 1. Negotiated price doesn't reflect rebates and discounts between manufacturer's and PBM's. 2. Payer representation only has data for CT fully insured plans and the APCD is currently working to integrate Medicaid in the data. 3. Data is only available for submitted claims to the carrier; there is no data for over the counter (OTC) or prescriptions paid at 100% by the customer. 4. For the data to be useful, one needs both analytical and pharmaceutical knowledge. Mr. Blundo provided the Cabinet with examples of uses of data from other states. He shared that utilization and expense reporting is used to provide delivery trends on generic and brand name drugs. He stated that giving a comprehensive picture of price growth, policy decision support is provided for legislative efforts produced by workgroups and policy makers. He also stated that adherence, quality and variations are used to understand variations in medication adherence in prescribing practices that are related to cost	

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	determinants and not just look at the price but how prescription drugs are being utilized within the state. Mr. Blundo wrapped up his presentation with a reminder of tables on the top pharmacy spent drugs and most utilized drugs that Victoria Veltri had presented once in the past. He ended his presentation by offering to share information with the Cabinet for their future studies. Ted Doolittle thanked Mr. Blundo for the helpful information and asked Mr. Blundo about the data collection and reporting format. Mr. Doolittle also asked if the Cabinet format be the same to be used across the platform. Mr. Doolittle asked if we could ask other states to share data on their self-funded plans. Mr. Blundo's recommendation was for the Cabinet to create tangible products to offer other states before approaching them and not be too premature. He stated they are working with the Department of Labor and using a standardized required format. Mr. Blundo also added that the Connecticut format is highly aligned with what all New England states are now using and is becoming more unified. Ellen Andrews commented on pharmacy and medical claims data and the argument of how expensive drugs are, however can keep people out of the hospital. She also suggested that the outcomes based contracting has missing information such as medical claims details and numbers and that it needs to be provided. Mr. Blundo responded to Ms. Andrew's questions stating that they pulled claims where there is a positive dollar amount. Ms. Padilla asked if ERISA, not being included, is typical or unique to Connecticut and what barriers and opportunities exist? Mr. Blundo informed the Cabinet that ERISA exists in all states and it is at a national level. Kate McEvoy refined and clarified that the central obligation for the Medicaid agency is to observe states and statutory protection and privacy of the data. She shared the challenges such as claim data and that the group had expressed great interest in eligibility, provider registry and could possibly expand its terms. Ms. McEvoy also offered to update the Cabinet on claim data terms at the next meeting. Miriam Delphin-Rittmon thanked Mr. Blundo and asked if race disparities, and trends related for analysis will be tracked. Mr. Blundo responded that currently they are working with UCONN in tracking age, gender and zip codes to fill these initiatives. He also stated that APCD can partner with DPH to discuss challenges and limited data and abide by the rule.	
5.	**Access Health CT Update**	**Pat Baker**
	Ms. Baker introduced Jim Wadleigh to provide an update of Access Health CT. **Cost Share Reductions:** Mr. Wadleigh gave an update regarding the government not being clear if they will fund cost sharing reductions and how it will impact 46K Connecticut customers. Mr. Wadleigh also stated that CT customers could see a decrease in their premium and increase in their rates. AHCT will know more in October at their Thursday board meeting and can then be reported on. **Media Stories:** He also mentioned that the federal government cut out funding for two areas of outreach. The first area being 90% reduction marketing and advertising in promoting the healthcare.gov website. He added this will not impact AHCT and no reduction to CT. However, this could only add confusion into the marketplace. He noted the debate continues around repeal and replace. He reminded the Cabinet that	

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	Congress has until 9-30-17 with only 51 votes to make change. Mr. Wadleigh also shared that Commissioner Katharine Wade asked Anthem and ConnectiCare to refile plans and continue as participating carriers on the exchange for the November 1st enrollment. Ms. Andrews asked about a benefit copper level she read about in an article. Mr. Wadleigh responded that he could not discuss that, but only say that it was not a 2018 plan. Ms. Padilla asked if any considerations have been given to extend open enrollment due to the media. He stated that ultimately he wants to have the enrollment date to December 15th as the new norm.	
6.	**Presentation on "Curbing Unfair Drug Prices, A Primer for States"**	**Pat Baker**

Ms. Padilla welcomed and introduced the presenters from Yale. Presentation on "Curbing Unfair Drug Prices, A Primer for States"

Amy Kapczynski, Professor of Law and Faculty Director, Global Health Justice Partnership of the Yale School and Yale School of Public Health, and
Theodore Lee, Yale Law School 2018 and Adam Pan

Ms. Padilla also shared they became interested with National Physicians Alliance and Universal Healthcare Foundation of CT. Yale will report on their findings.

Professor Amy Kapczynski opened her presentation with the basis of their findings and emphasized as a central problem and its rising price of medicines. Ms. Kapczynski shared a poll taken from Kaiser indicating the rising costs of prescription drugs and the action to keep prices down and the difficulty Americans have affording them. She also noted that we are faced in an environment that when companies have market power exclusivity and we give to them with patents with one supplier on the market, it sets a potential to define and set the market price. She introduced Theodore Lee to present the slides regarding coalition with several states that have passed legislation on drug prices.

Mr. Lee presented and shared, with the Cabinet, States that successfully have passed legislation. He made the Cabinet aware that some States are required to report price increases and of the existing mandates on using rebates. He also noted the Attorney General can sue and place action on States with price increases. Mr. Lee states that the study came out with two recommendations. One being fair pricing and the other one transparency. He noted that with the fair pricing, the state should have the power and constraints on prices to pharmaceuticals and that manufacturers should provide rebates to certain prices and transparency information should be made to inform both public and policymakers. In his presentation he shared states that have specific targets for this practice. He also expressed that there have been lawsuits and have had strong arguments. Mr. Lee expressed that Fair Pricing Bills provide relief for consumers and impact the state budget by addressing both generic and branded drugs. Mr. Lee suggested brand drugs have a bigger impact, as the contributor, when relieving state budgets as the key driver and also recommended that we think of this issue more broadly.

Rev. Bonita Grubbs asked how the State of Maryland impacted the recommendations made. Mr. Lee responded that the Maryland law empowers the Attorney General to go after unconscionable price increases in generic drugs.

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Ms. Andrews agrees with the presenters regarding the Vermont law passing and asked for comment about Maryland limiting to generics? She also mentioned if it would be better to call them taxes instead of rebates or price caps and would it have any legal benefits? Mr. Lee added that the specific ACA issue is one that is slightly different and it has to do with common cause and constitution law such as the way New York has done it.

Kate McEvoy acknowledges objectively Medicaid and noted when it is added they receive more rebates on brand name drugs in a preferred manner. She also noted that $750 million in rebates and pharmacists spent decreased by about $56 million.

Margherita Giuliano asked if the negotiated price was wholesale for rebates and how PBM's have been looked at and how much we are getting. Mr. Lee responded that that is an area that needs more attention and to be looked at. He stated that it is a transparency issue.

Ms. Padilla asked the presenters for recommendations or takeaways from this presentation. Mr. Lee stated that we need to be comprehensive and get to the root problem.

Mr. Lee closed his presentation noting that we should look at drugs fully across the spectrum. He added we should look at generics and brand names. He also stated to look to price increase, logged prices and rebates the underserved population can benefit from them. He also noted another item to keep in mind is to have a presumption when it comes to the public and the release of public information. Make sure information gets to the public and anything that claims to be a trade secret or claims to be confidential; having reporters justify why information should not be disclosed to the public.

7.	**Work Group Update and Discussion**	**Pat Baker**

The Healthcare Pricing Work Group-Joshua Wojcik reported that his work group will focus on the drug challenges and benefits. The group is focusing on value-based purchasing and will add some language to consider the impact on consumers on any of the recommendations. He closed by adding the group will be meeting with the pharma manufacturers to have productive conversations and are looking forward to the mutual interest.

The Legislative and Administrative Initiatives Review Work Group-Ted Doolittle reported that his work group has recently met and had a good discussion on the deliverable that would be expected from his work group. He mentioned that the work group would model the appendix to the Yale study that was presented. He announced that their next meeting will be on how our group can support the other work groups. Mr. Doolittle also shared with the Cabinet that he has discussed with Victoria Veltri the limited nature of tasks and the fact that other groups are gathering information from other states and there may be additional ways to use it and support other groups.

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	The Cost Determination and Cost Containment Work Group-Frances Padilla reported and stated that her group has held three meetings. Their focus at the moment is transparencies, price regulations and state purchasing policies. The work group will use resources for Pharma transparency and supply chain transparency and noted that each is needed to work with each other. **The Consumer Healthcare Education Work Group**-Susan Adams reported for the Education work group and has met four times. The work group has designed 8 questions and this week will be addressing question number four. Some topics are quality, diversity and population and who the recipients are and if there are other states that have had a positive communication campaign. Ms. Adams added that the communication platform or education platform for their recommendations right now are how this will all be rolled out.	
8.	**Wrap Up and Next Steps**	**Pat Baker**
	The next meeting will take place on Tuesday, October 10, 2017 at 9:00 a.m. at the LOB room 1D. The motion was made by Ms. Padilla and seconded by Ms. Adams to adjourn the meeting.	
9.	**Adjourn**	Meeting adjourned at 10:42 a.m.