

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 866
3 entitled “An act relating to prescription drug manufacturer cost transparency”
4 respectfully reports that it has considered the same and recommends that the
5 bill be amended by striking out all after the enacting clause and inserting in
6 lieu thereof the following:

7 **Sec. 1. FINDINGS**

8 **The General Assembly finds that:**

9 **(1) The costs of prescription drugs have been increasing**
10 **dramatically without any apparent reason.**

11 **(2) Containing health care costs requires containing prescription**
12 **drug costs.**

13 **(3) In order to contain prescription drug costs, it is essential to**
14 **understand the drivers of those costs, as transparency is typically the first**
15 **step toward cost containment.**

16 Sec. 2. 18 V.S.A. § 4635 is added to read:

17 **§ 4635. PHARMACEUTICAL COST TRANSPARENCY**

18 **(a) As used in this section:**

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

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

1 (b) The Green Mountain Care Board shall identify annually, in
2 collaboration with the Department of Vermont Health Access, 15 prescription
3 drugs on which the State spends significant health care dollars, creating a
4 substantial public interest in understanding the development of the drugs’
5 pricing. The drugs identified shall represent different drug classes, with five of
6 the drugs being generic drugs, five brand-name drugs, and five specialty drugs.

7 (c)(1) For each prescription drug identified pursuant to subsection (b) of
8 this section, the Board shall require the drug’s manufacturer to report the
9 following information by drug name:

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

12 (B) the year the patent for each formulation of the drug was approved
13 and the number of years remaining, if any, on the patent for each formulation
14 of the drug;

15 (C) the total research and development costs paid by the
16 manufacturer over the preceding seven years and, separately and to the extent
17 the manufacturer has the information, the total research and development costs
18 paid by any predecessor and by any third party, public or private, in the
19 development of the drug, showing both the total amounts spent on research and
20 development by the manufacturer, its predecessors, and third parties over time
21 and the amounts spent by each per year as well as any amounts from federal,

1 State, or other governmental programs and any form of subsidies, grants, tax
2 credits, or other support;

3 (D) the costs of clinical trials and other regulatory costs paid by the
4 manufacturer over the preceding seven years by year and by clinical trial phase
5 and, separately and to the extent the manufacturer has the information, the
6 costs of clinical trials and other regulatory costs paid by any predecessor in the
7 development of the drug, as well as the cost of any postclinical studies
8 mandated by the U.S. Food and Drug Administration;

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

12 (F) amounts spent per year for the preceding seven years on direct-to-
13 consumer advertising for the drug and on physician detailing activities related
14 to the drug, both in Vermont and nationally;

15 (G) a cumulative annual history of increases in the average wholesale
16 price and wholesale acquisition cost of the drug, using the National Drug
17 Code, over the preceding five-year period, expressed as percentages, and the
18 month each such increase took effect;

19 (H) prices for the drug charged to the U.S. Veterans Administration
20 and to 340B covered entities, using the National Drug Code;

1 (I) prices charged to typical purchasers in Vermont during the
2 previous year, including pharmacies, pharmacy chains, pharmacy wholesalers,
3 hospitals, physician practices, and other direct purchasers of prescription
4 drugs; and

5 (J) typical prices charged to mail-order pharmacies for distribution in
6 Vermont during the previous year.

7 (2) The manufacturer may provide to the Board any additional
8 information the manufacturer believes may be pertinent to the Board's
9 complete understanding of the costs related to developing and manufacturing
10 the drug or to the drug's price, such as costs related to acquisition of the drug.

11 (3) The manufacturer shall certify, subject to the penalties of perjury,
12 that the information provided is truthful, accurate, and complete.

13 (d) The Green Mountain Care Board, in consultation with the
14 Department of Vermont Health Access, shall provide a report to the General
15 Assembly on or before December 1 of each year based on the information
16 received from manufacturers pursuant to this section.

17 (1) The report shall be based on the Board's review and analysis of the
18 data. The Board shall aggregate the data to determine trends in components of
19 drug production costs, and shall provide recommendations for legislative,
20 administrative, or other policy changes.

1 (2) The Board shall report aggregated data by drug class in a manner
2 that maximizes the utility of the data while protecting the financial,
3 competitive, or proprietary nature of the information.

4 (3) The report shall include a statement of total State spending for the
5 year for each drug identified pursuant to subsection (a) of this section paid for
6 through the State Employees Health Benefit Plan, Medicaid, VPharm, and any
7 other State program for the purchase of prescription drugs, as well as the
8 number of prescriptions for each drug dispensed to individuals enrolled in
9 these programs.

10 (4) The Board shall also post the report on the Board's website.

11 (e) Information provided to the Green Mountain Care Board pursuant to
12 this section is exempt from public inspection and copying under the Public
13 Records Act and shall not be released in a manner that allows for the
14 identification of an individual drug or manufacturer or that is likely to
15 compromise the financial, competitive, or proprietary nature of the
16 information.

17 Sec. 3. EFFECTIVE DATE

18 This act shall take effect on passage.

19
20
21

1
2
3
4
5
6
7
8

(Committee vote: _____)

Representative _____

FOR THE COMMITTEE