

**Advisory Task Force on Lowering Pharmaceutical Drug Prices
Minutes of Fourth Meeting
September 25, 2019**

The Attorney General's Advisory Task Force on Lowering Pharmaceutical Drug Prices met for the fourth time on Wednesday, September 25, 2019 from 5:30 to 7:30 p.m. The meeting was held at the Minnesota State Capitol, 75 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155, Senate Committee Room G3.

The following members were present: Rose Roach, Christy Kuehn, Michaela Muza for Sen. Matt Little, Stephen Schondelmeyer, Sen. Scott Jensen (co-chair), Nicole Smith-Holt (co-chair), Shirlynn LaChapelle, Jessica Braun, Rep. John Lesch, Rep. Rod Hamilton, Dr. Leonard Snellman, Elo Alston, Dr. Cody Wiberg.

Members that were absent: Nazie Eftekhari, Phu Huynh

AGO staffers in attendance: Attorney General Keith Ellison, Sadaf Rahmani, Jason Pleggenkuehle, Shawna Audette, Allison Hustedt, Amy Luedtke, Keaon Dousti.

Meeting Agenda:

Task Force voted and approved the agenda.

Draft Recommendations:

Task Force reviewed the draft recommendations of:

1. **Minnesota should know what it spends on prescription drugs.** Create an inventory, and determine how drugs are purchased.
2. **Minnesota should act as a prudent purchaser of prescription drugs.** Utilize MMCAP Infuse Program and the 340B Drug Program.
3. **Minnesota should facilitate new, more affordable channels for prescription drug purchasing.** Develop new channel for importation/re-importation and distribution of critical access drugs at affordable prices consistent with the global market for pharmaceuticals. Other states are already looking at this.
4. **Minnesota should encourage and facilitate price transparency for prescription drugs.** Establish a process for making transparent the price of critical and high visibility drugs in MN and for prohibiting false and misleading drug price information, such as a Drug Price Transparency Website.
5. **Minnesota should prohibit perverse economic behaviors related to prescription drugs.** Identify market behaviors that lead to perverse economic consequences and that may mislead MN consumers or induce them to use a higher cost medication. (1) Prohibit copay coupons for drug products with generic equivalents. (2) Prohibit false and misleading drug price information.
6. **Minnesota should establish a process for assuring affordability and accountability of prescription drug prices.** Authorize a Prescription Drug Price Review and Accountability Commission to assure that prescription drug (and biological) prices in MN are affordable and accountable. Many other first world countries have an idea similar to this.

7. **Minnesota should provide oversight of PBMs and their market behaviors.** Implement the MN law (MN Statutes, Chapter 62W) and monitor for compliance, and intended as well as unintended consequences.
8. **Minnesota should support research on prescription drug prices and drug benefits.** Provide support and funding for research and program evaluation efforts to encourage effect and efficient drug product and drug benefit programs that use medications wisely in MN.
9. **Minnesota should identify and address price gouging related to prescription drugs and authorize the Attorney General to take action against prescription drug price gouging in MN.** Define “price gouging” related to prescription drugs and take action to address instances of prescription drug price gouging in Minnesota.
10. **Minnesota should assure patient access to pharmacist services for effective medication use.** Assure that persons in Minnesota have access to a pharmacist, in collaboration with other health care providers, in their community to provide services that facilitate safe, effective, efficient, and optimal medication use.

Review of recommendations:

The Task Force suggested all items above as the Task Force recommendations.

The Task Force organized the recommendation ownership as:

- Items 4, 5, and 9 are together as assigned to the AGO.
- Item 6, 7, 8 assigned as Legislative.
- Items 1 and 2, combined and assigned to the Governor’s Office.
- Item 3, assigned as Governor or Legislative.
- Item 10 assigned as Legislative or Administrative.

Presentation from Speakers:

The Task Force opened the floor to the speakers below.

Senator Scott Dibble and Jeremy Hanson Willis of Just Us Health, Minnesota AIDS Project: Drug Pricing and impact to HIV.

- The drug Truvada, for pre-exposure prophylaxis (PrEP), is a virtual vaccine against HIV, but those most at-risk are not taking it due to cost; less than 5% of Minnesotans take the drug. The drug price has inflated by more than 25,000%, for a cost of more than \$20K per year.
- Truvada prevents HIV transmission at more than 99%, which is more effective than polio or MMR vaccines. It is a moral outrage that the drug is not available for those who need it.
- Gilead did not pay for the development, taxpayers paid earlier. Gilead is essentially preventing the stoppage of HIV transmission. Of note, Gilead is also the manufacturer of other drugs used to treat HIV.
- The average retail cost of Truvada in the U.S. is \$1600-\$1700 per month, although the cost is less than \$6 per tablet to make. In contrast, the U.S. pays for Truvada to combat the AIDS epidemic in African countries at \$6 per tablet, at a price not available to Americans.

Daniel Rehrauer, PharmD, HealthPartners:

Optimizing Medication Use to Reduce Cost: Medication Therapy Management

- Medication Therapy Management (MTM) is an assessment of patient's entire medication use history.
- MTM pharmacists provide patient-centered care, and create a plan for the patient to implement.
- The triple aim includes the best experience, with the best possible health outcome, at the best cost.
- Medication Optimization:
 - The most expensive medication you take is the one you don't need.
 - The second most expensive medication you take is the one that doesn't work.

Testimonials from the Public:

The Task Force opened the floor to the speakers below.

- E.V. – Suggested the task force review the cases of Pfizer v. Johnson & Johnson and Walgreens v. Johnson & Johnson. Suggested task force keep in mind base pricing as opposed to market pricing of pharmaceutical drugs.
- D.A. from National Multiple Sclerosis Society - was transparency legislation in the Minnesota Legislature in 2019 session that was being discussed until last day of session. Legislature did appropriate money to Department of Health under expectation that this legislation would get done in the 2020 session. Nine states currently have transparency legislation on the books. Copay/coupons – has concerns about those going away because of the impact on patients. It's optimistic to think doing away with coupons will cause manufacturers to lower prices to patients. Noted that one issue is placing brand name drugs on the formulary while generics are non-formulary. This is an issue in addition to copay coupons. Drug price commissions – two states have those, Maryland and Maine – just passed this year, not in operation yet.