

# Member and Partner Newsletter April 2024

# **IPA Storms the Hill!**

In April, executives from Infusion Provider Alliance companies stormed Capitol Hill in support of patient access to our lifesaving medications. We emphasized the need to make a technical fix to the Inflation Reduction Act, which causes infusion providers collateral damage in the price reductions to certain high-cost Part B medications. Specifically, we educated policymakers of the substantial damage that will be done to our sector if provider reimbursement is cut by 50 percent or more as predicted by the Congressional Budget Office, and how the "Protecting Patient Access to Cancer and Complex Therapies Act" removes providers from the price negotiation and preserves their reimbursement of ASP+6%, while still saving the same amount of money for the Medicare program and its beneficiaries.

In total, we visited nearly 20 Congressional offices in both chambers and on both sides of the aisle. Highlights included Member meetings with Reps. Mariannette Miller-Meeks (R-IA), John Joyce (R-PA) who are former physicians and serve on the Energy & Commerce Committee as well as Greg Murphy (R-NC), our bill champion, and member of the Ways and Means Committee. They are energized to solve this issue! We were also excited to meet Rep. Don Davis (D-NC)!

We also had important meetings with bipartisan committee staff in both chambers. While action on the bill does not appear imminent before the election, Republicans appear committed to moving the legislation in the next Congress. Just as important, we are making substantive progress with Democrats, who appeared open-minded on resolving this problem by replacing the provider reimbursement cut with a manufacturer rebate. Democratic committee staff appreciated our argument that the bill could be a saver because failure to solve this issue means that patients will likely end up in the more expensive hospital setting to get their prescriptions (assuming they have the capacity.)



Pictured: IPA Members meeting with Rep. Greg Murphy (R-NC)



IPA also hosted its first political event. We supported Senator Barrasso (R-WY), a senior member of the Finance Committee, in Republican leadership, and a former orthopedic surgeon who has a deep understanding of medical issues. He has also been named to a new task force to examine and make recommendations on reforming physician pay in Medicare. Engaging in the political process is a key component to champion development and amplifies our voice in Washington.

We were also able to spend some quality time with two of our corporate partners (Eli Lilly and Eisai) to discuss their existing and pipeline Alzheimer's treatments.



Met with @Infusionprovdrs to discuss how the Inflation Reduction Act is hindering access to essential medications in #Iowa and nationwide.

We must ensure access to essential medications remains straightforward and accessible to all who need it.

# CHANGE HEALTHCARE OUTAGE UPDATES

IPA has been actively engaged on multiple fronts in the aftermath of the February 21 cyberattack on Change Healthcare and the outage that ensued. We engaged early with CMS, resulting in IPA acting as the sole representative for the infusion provider industry at an invitation-only Roundtable hosted by The White House, HHS, and the Department of Labor. Doug Ghertner, IPA's President, conveyed the unique burden that has been placed on the liquidity of IPA members who must inventory and provide millions of dollars of expensive drugs with no ability to bill for them. CMS has been responsive in providing advanced payments based on historical spend and is also pressuring private insurers to do the



Pictured: IPA Members meeting with Rep. Mariannette Miller-Meeks (R-IA)

same. We also delivered letters to Congress and to the CEOs of Optum Health and UnitedHealthcare requesting immediate remediation. These resulted in several meetings with government officials and UnitedHealth executives.

Last week the House Energy & Commerce Committee held a hearing focused on lessons learned and how to bolster the online security of healthcare organizations. The Senate Finance Committee is planning a hearing soon as well and the CEO of UnitedHealth is expected to testify.





# PBM, SITE NEUTRALITY, 340B & TELEHEALTH REFORM

# Pharmacy Benefit Manager (PBM) Reforms Stall

While the House passed "The Lower Costs, More Transparency Act (H.R. 5378)" in December in an overwhelmingly bipartisan 320-71 vote, Congress could not come to a bicameral agreement on a

health package for the government funding bill that was enacted in March. The Lower Cost, More Transparency bill and subsequent legislation reported out of the House Energy & Commerce Committee and the Senate Finance and HELP Committees include a number of transparency and operational reforms to pharmaceutical benefit managers. The House-passed bill also includes a provision to reduce drug administration payments for Part B drugs provided in off-campus hospital outpatient departments to the physician office rate, saving \$4.3 billion over 10 years.



IPA has been in dialogue with the Ways and Means Committee about transparency requirements for PBM-owned specialty pharmacies and the impact of "white bagging" on patient care and we're hopeful it can be included in an end of year package when these health bills are likely to be considered.

#### **Telehealth**

The House Energy & Commerce Committee is still weighing whether to pursue a temporary or permanent extension of pandemic-era telehealth policies to avoid a "telehealth cliff" at the end of the year. The ultimate collection of provisions -- either temporary or permanent -- will likely be included in a larger health care package expected to be taken up in a lame-duck session. At an April 10 E&C Health Subcommittee Hearing, Ranking Democrat Frank Pallone (D-NJ) indicated he's still undecided on permanent versus temporary, saying Congress must continue to monitor any program integrity risks associated with telehealth billing, as risks have been identified by the HHS Office of Inspector General. Telehealth proposals are likely to have major budgetary scoring implications, and Pallone is still waiting for the Congressional Budget Office scores.

IPA is focused on extending the waiver provided in the PHE to permit virtual supervision and has collected data that shows there is no risk to patient safety. We will be in dialogue with CMS and Capitol Hill on this issue.

#### 340B

The Legislation on the 340B program could also see action during the lame duck session. A bipartisan group of senators released a draft of legislation to resolve controversial disputes in the 340B drug discount program. Legislation would likely modify so-called "contract pharmacies" and which subsidiaries can qualify for discounts, by allowing 340B providers (including community health centers and hospitals) to contract with external pharmacies to deliver discounted



medications to patients. IPA and pharmaceutical companies have pushed back on letting providers use contract pharmacies, saying that by law the discounts only should apply to drugs dispensed at in-house pharmacies.

Another provision would regulate which subsidiaries of a provider can qualify for discounts so that only sites that are wholly owned and "clinically and financially integrated" with the 340B provider should qualify for discounts. Some examples of integration include having shared income and expenses and having medical staff contracted or employed by the parent company. An analysis by Avalere of the 340B program can be found here.

Meanwhile, HHS has <u>posted</u> a final rule updating the administrative dispute resolution process for the 340B program, with the goal of making it more accessible for smaller organizations and reducing delays. Strict procedural requirements were also eliminated under the new rule.



# STORIES, STUDIES & STATES

## **Treatments**

CMS has released a <u>Fact Sheet</u> informing stakeholders it will soon post a finalized NCD announcing first-time Part B coverage of injectable and oral preexposure prophylaxis (PrEP) using antiretroviral drugs to prevent HIV (<u>current status of the NCD</u>)

FDA Approves Second Biosimilar to Stelara for Treatment of Plaque Psoriasis (Pharmacy Times)

Medicare expects spending spike for Alzheimer's drug Legembi (statnews.com)

<u>Inactivated vaccines administered during Tysabri treatment are safe and immunogenic | JAMA Network</u>

Biden, Sanders Target Drug Prices at White House Event | BioSpace



FDA Expands Approval of Fasenra to ages 6-11 for Severe Asthma | MedPage Today

<u>AstraZeneca Gets FDA Approval in Boost to Rare Disease Franchise | BioSpace</u>

Patients with RA, PsA, and AS currently initiating biologic (TNFi) therapy discontinue the drug much sooner than those starting shortly after the drugs were introduced | The Journal of Rheumatology

Medicare estimates \$3.5 billion cost on Alzheimer's drug Leqembi; well beyond what Wall Street projected (statnews.com)

New EULAR recommendations for psoriatic arthritis urge biologics after methotrexate failure (healio.com)

The Best Drugs for Psoriasis | MedPage Today

Top 20 pharma companies by 2023 revenue (fiercepharma.com)

FDA is ready to eliminate the interchangeability designation for biosimilars – Endpoints News

#### Insurers/PBMs/Providers

BlueCross BlueShield of Tennessee claims eliminating buy-and-bill saved \$58M (21%) on provider-administered drugs due to white bagging by specialty pharmacies (BCBST Release)

<u>Change Healthcare asks to consolidate dozens of cyberattack class-action lawsuits | Healthcare Dive</u>

<u>Elevance Health offers look at impacts of Change cyberattack (fiercehealthcare.com)</u>

<u>Senate Homeland Security and Governmental Affairs Committee Chair Scrutinizes Physician</u> <u>Staffing Firms and Their Private Equity Owners | MedPage Today</u>

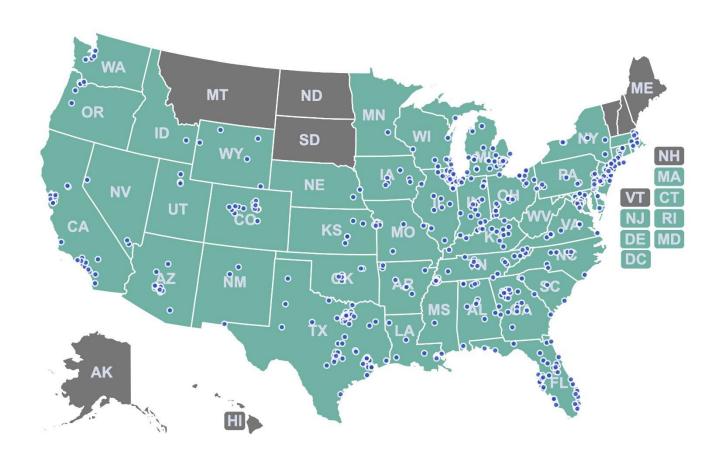
Hospital Lobby Leverages Change Cyberattack to Push Their Agenda - AHIP

More than three-fourths of doctors are employed by corporations, report finds | Healthcare Dive

GAO examines state PBM regulation | U.S. GAO



# **IPA Member Locations**



# **STATE LEGISLATION**

IPA continues to closely monitor state legislation impacting health insurance and PBMs reforms (step therapy, copay accumulators, etc.), drug pricing and hospital acquisitions. As of April 22:

- 6 bills have been signed into law and are highlighted in green.
- 21 bills were approved either by one or both state legislative chambers or by a committee, and are highlighted in red.
- 9 bills had hearings and are highlighted in blue.

## **ALASKA**

White-Bagging

HB 266

# **ARIZONA**

Non-Medical Switching

SB 1164: Passed Senate 27-1 on 3/5/24

# **CALIFORNIA**

# Rebate Pass Through

 SB 966: Passed committee 12-1 on 4/15/24

Prior Authorization "Gold Card" Status

 SB 598: Passed Senate 33-2 on 5/31/23: Passed committee by 11-0 on 7/11/23

# Co-Pay Accumulators

AB-2180: Hearing held 4/23/24



#### **COLORADO**

Prior Authorization "Gold Card" Status

- HB 24: Passed House on 3/11/24
   White-Bagging
  - HB 1010: Passed House 48-15 on 3/25/24

## *IOWA*

Gold Card

• <u>HF 2488</u>: Passed Senate 47-1 on 3/26/24

Biomarker Testing

 HF 2668: Passed House 97-1 on 4/15/24

Non-Medical Switching

HF 626: Passed House 94-1 on 4/17/24

#### **ILLINOIS**

Prescription Drug Affordability Board

 HB 4472: Amended in committee on 4/5/24

#### **INDIANA**

**Biomarker Testing** 

• SB 273: Signed into law 3/11/24

# **KENTUCKY**

Prior Authorization "Gold Card" Status

HB 317

White-Bagging

• SB 188: Signed into law on 4/5/24

## **MARYLAND**

Accumulators

SB 595: Passed House on 4/1/24
 Rebate Pass Through

SB 1019: Hearing held 3/13/24

White-Bagging

- SB 754: Hearing held 2/28/24
- HB 2267: Passed House 113-28 on 4/15/24

Prescription Drug Affordability Board

- HB 340 Hearing held 2/8/24
- SB 388: Hearing held 2/07/24

#### **MASSACHUSETTS**

# Accumulators

<u>S 609</u>: Passed committee on 3/7/24
 PBM Transparency

• S 2499

Non-Medical Switching

- HB 982: Passed committee on 2/22/24
- S. 2637

Rebate Pass-Through

- HB 978: Passed committee 2/22/24
   340B Contract Pharmacy Protections
  - <u>S. 2520</u>: Passed Senate unanimously on 11/20/23

# **MICHIGAN**

Accumulator Adjustment Programs

HB 4719

Rx Drug Affordability Board

• SB 483

Rebate Pass Through

HB 5338

Step Therapy

• HB 5339

#### **MINNESOTA**

Non-Medical Switching

- SF 328: Passed committee 3/28/23
- HF 294: Passed committee 2/15/23

Rebate Pass Through

- HF 1711: Passed committee on 3/8/23
- SF 2889

White-Bagging

- HF 544: Passed committee on 3/8/23
- SF 482: Passed committee on 3/15/23

#### **MISSOURI**

Accumulator Adjustment Programs

- SB 844: Passed committee on 2/7/24
- HB 1628: Passed committee on 4/2/24

Prior Authorization - Gold Card

 HB 1976: Passed House 146-6 on 4/15/24

White-Bagging

 HB 2267: Passed House 11-28 on 4/15/24

#### **NEBRASKA**

Prescription Drug Affordability Board



LB 833: Hearing held 2/27/24

Prior Authorization "Gold Card" status

• LB 210

White-Bagging

LB 448

#### **NEW HAMPSHIRE**

Co-Pay Accumulators

SB 354: Hearing on 5/1/24

Rebate Pass-Through

SB 555 Hearing on 4/30/24

White-Bagging

• HB 513

#### **NEW MEXICO**

**Step Therapy** 

• SB 135: Signed into law on 3/1/24

## **NEW YORK**

PBM Transparency

S 6738A: Passed Senate on 1/30/24

Rebate Pass Through

• S 2393

A 1962

White-Bagging

A 2163

#### **NEW JERSEY**

Accumulator Adjustment Programs

• S 1047

Prescription Drug Affordability Board

A 1646

Step Therapy

 A 1825: Passed committee 9-1 on 3/14/24

# **NORTH CAROLINA**

PBM Reform

 HB 246: Passed House 114-0 on 4/27/23

**Prior Authorization** 

• <u>HB 649</u>: Passed House 112-0 on 4/26/23

# OHIO

Accumulator Adjustment Programs

 HB 177: Passed committee 12-0 on 11/16/23

**Biomarker Testing** 

HB 24

Non-Medical Switching

HB 291

White-Bagging

• HB 156

#### **OREGON**

White Bagging

- <u>HB 4012</u>: Signed into law on 3/27/24 Accumulators
  - <u>HB 4113</u>: Signed into law on 3/27/24

## **PENNSYLVANIA**

Accumulator Adjustment Programs

• SB 372

## RHODE ISLAND

Accumulator Adjustment Programs

S 799: Passed Senate 33-0 on 5/30/23

Rebate Pass Through

 H 5078: Held for further study on 3/19/24

Utilization Management & PBM Reform

 HB 7139: Held for further study on 1/30/24

White-Bagging

• <u>S 2086</u>: Hearing held 2/8/24

## **SOUTH CAROLINA**

Accumulator Adjustment Programs

- H 3537
- H 3618
- SB 1024

Prescription Drug Affordability Board

H 4984

## **TENNESSEE**

Alternative Funding and Maximizer Programs

• SB 2008

#### **VERMONT**

Accumulators & Step Therapy

H 766: Passed House 137-0 3/13/24
 Prescription Drug Affordability Board



• <u>S 98</u>: Passed Senate 3/24/24

#### **VIRGINIA**

Prescription Drug Affordability Board

- SB 274: Vetoed by governor on 4/8/24
   340B Contract Pharmacy Protections
- <u>SB 119</u>: Vetoed by governor on 4/8/24 Gold Card
  - HF 2488: Passed Senate 47-1 on 3/26/24

Biomarker Testing

• <u>HF 2668</u>: Passed House 97-1 on 4/15/24

Non-Medical Switching

- SF 86: Passed committee 1/23/24
- <u>HF 626</u>: Passed committee 1/30/24; amended on 4/16/24

#### **WASHINGTON STATE**

White-Bagging

• SB 5213: Signed into law on 3/25/24

## WISCONSIN

Accumulators, Non-medical Switching, & PBMs

• <u>SB 737</u>: Failed in Senate on 4/15/24

# How Can You Get Involved?

If you are interested in learning more about membership or partnership opportunities with the Infusion Providers Alliance, please contact us through the form on our website.

Additionally, feel free to reach out to Brad Traverse, IPA Executive Director, at <a href="mailto:brad.traverse@infusionprovidersalliance.org">brad.traverse@infusionprovidersalliance.org</a> or Doug Ghertner, IPA President, at <a href="mailto:dghertner@ivxhealth.com">dghertner@ivxhealth.com</a>.