Kevin Lyons

Plan Administrator, New Jersey State Policemen's Benevolent Association, Inc.

Answers to Questions for the Record
Subcommittee on Health
House Committee on Energy and Commerce
Health Care Spending in the United States: Unsustainable for
Patients, Employers, and Taxpayers

January 31, 2024

Honorable Chairman Brett Guthrie House of Representatives Committee on Energy and Commerce 2125 Rayburn House Office Building Washington. DC., 20515-6115

Honorable Chairman Guthrie,

I appreciate the opportunity to expand on New Jersey's use of the Pharmacy Benefit Manager (PBM) Reverse Auction process and to address the broader context of its impact on prescription drug spending and the healthcare benefits landscape for public employees.

New Jersey's pioneering adoption of the PBM Reverse Auction, first implemented in 2017, was a strategic move to confront and mitigate the escalating costs of prescription drugs. By engaging PBMs in a transparent, competitive bidding process, the state not only fostered a more competitive market but also ensured that contract terms, including crucial aspects like formulary control, plan design, and member cost-sharing, could be standardized and managed in a manner most advantageous to the state. This innovative approach is estimated to have enabled the state to achieve an estimated \$2.5 billion in savings between 2017 and 2022, without compromising drug benefits for the state's 800,000 public employees.

The reverse auction process, by design, allowed New Jersey to leverage these savings to implement innovative plan design solutions that directly benefited members by lowering out-of-pocket costs and overall premiums. The savings accrued from the auction provided the state with the flexibility to enhance plan offerings and reduce premiums by 1.1% for Plan Year 2019.

Moreover, New Jersey's approach not only resulted in immediate financial savings but also set a precedent for managing future drug spending. By requiring all participating PBMs to offer the same contract terms but at lower prices, the state ensured that savings could be realized in a manner that was both fair and transparent. This process has proven that when provided with the right tools and transparency, states can more effectively navigate the complex PBM marketplace to secure significant cost savings.

It is important to acknowledge that the PBM reverse auction process is not the solution to the very real issues that exist in the PBM industry, for employers, consumers and indeed, independent pharmacies alike. As the son of a pharmacy owner of an independent, local pharmacy that served our community, I understand first hand the challenges facing this industry and continue to look for ways to address these challenges.

Some have expressed skepticism regarding the reverse auction process as a panacea for the challenges within the PBM industry. Critics have pointed out potential limitations, including concerns about PBMs hiding rebates and fees. While we recognize these concerns and agree that this process is not a panacea, it's crucial to note that New Jersey's approach included drafting strong, non-negotiable contract language that addressed these issues head-on, reducing the risk of such practices.

In acknowledging these criticisms, it's equally important to clarify that the reverse auction was never proposed as the sole solution to the pharmaceutical spending crisis. Instead, it represents a critical step towards increased transparency, control over contract terms, and the potential for future term adjustments in the state's best interest. The insights gained from the reverse auction process and the ongoing contract compliance efforts have illuminated multiple opportunities for further significant cost savings.

As illustrated in the presentation by our then-Director, Chris Deacon, to the National Academy of State Health Policy (deck attached here), New Jersey's experience has laid a foundational framework upon which we can continue to build. This includes ongoing efforts to improve transparency, negotiate favorable contract terms, and ensure compliance, all of which contribute to our broader strategy to manage healthcare costs effectively.

In conclusion, while I acknowledge the concerns of some and the overall concern that there are no silver bullets to the crisis of cost we find ourselves in, our experience in New Jersey demonstrates the tangible benefits of this particular innovative approach. It has served as an important tool in our arsenal to combat rising prescription drug costs, providing a model that other states are beginning to follow. We remain committed to refining these strategies, learning from our experiences, and exploring new ways to ensure the fiscal health of our state's benefits programs and the well-being of its beneficiaries.

Thank you for the opportunity to address these points further. I remain at your disposal for any additional information or clarification.

Sincerely,

Director of Member Benefits

Revin C. Lyons

New Jersey State Policemen's Benevolent Association

C: Honorable Anna Eshoo, Ranking Member, Subcommittee on Health Emma Schultheis, Legislative Clerk, Committee on Energy and Commerce

Attachment



How States Can Control Pharmacy Benefit Manager Contract Costs through Reverse Auctions

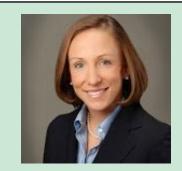
Tuesday, July 28, 2020 3:30 - 4:30 pm Eastern

This webinar is supported by Arnold Ventures.

Trish Riley, Executive Director, National Academy for State Health Policy



Christin Deacon, JD, Assistant Director of Health Benefit Operations and Policy and Planning, New Jersey Division of Pensions and Benefits, Department of Treasury



Alysha Fluno, PharmD, MBA, Chief Pharmacy Officer, Truveris



Questions and Discussion



Leading the Charge

How The State Of New Jersey Cut Pharmacy Costs Without Cutting Member Benefits

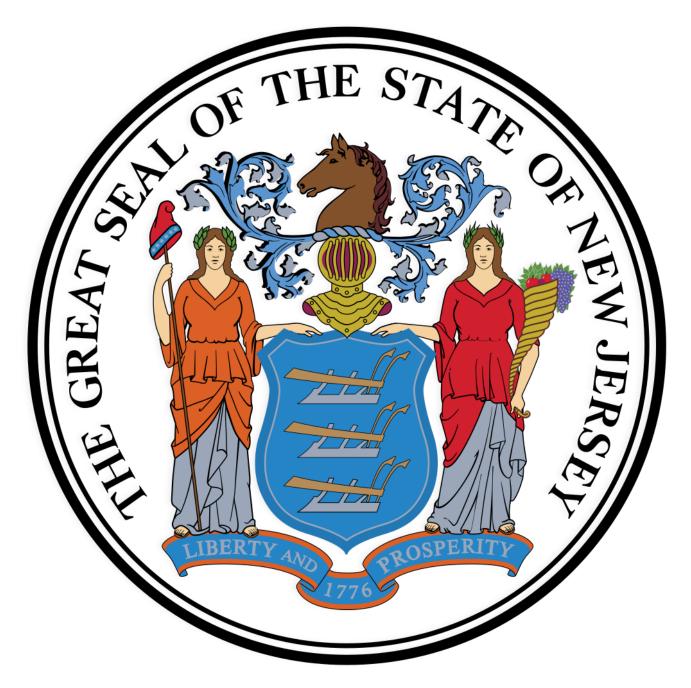
Christin Deacon

Director of Health Benefit Operations and Policy and Planning

New Jersey Division of Pensions and Benefit Department of Treasury, New Jersey

Alysha Fluno

Chief Pharmacy Officer
Truveris



The Challenge

State of New Jersey – by the numbers



- 700,000+ members
- Annual spend of \$2.2b
- 11 million+ claims
- Long-term relationship with incumbent PBM

Pharmacy benefit plans



- Large plan with many stakeholders
- Multiple, complex plan design and formularies
- Expensive
- Hard to measure and manage
- It's a black box!





"We are rooting out PBM profiteering at the expense of New Jersey taxpayers and public employees."

We are achieving enormous savings without any cuts in public employee benefits and no compromises in the quality of health care for hard working public employees and their families."

A fresh approach: The PBM reverse auction

- Innovative, forward-thinking approach
- Scalable reverse auction platform
- Granular analysis of 100% of claims
- Levelled playing field among bidders for objective comparison
- Dynamic, competitive PBM marketplace lowered prices
- Entire process: weeks not months

THE PROCESS



Pre-Qualification Step

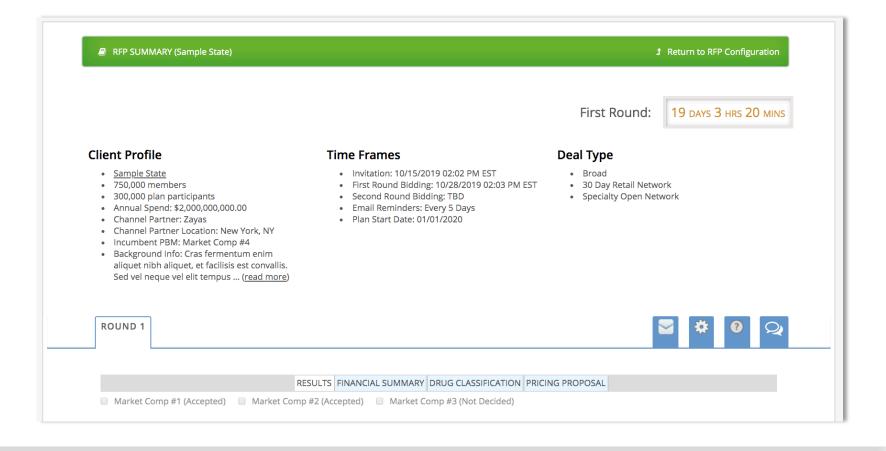


BUYER AWARDS

CONTRACT

PBMs are invited to bid

RFP summary dashboard





SELLER AGREES TO CONTRACT TERMS

SELLERS SUBMIT BIDS

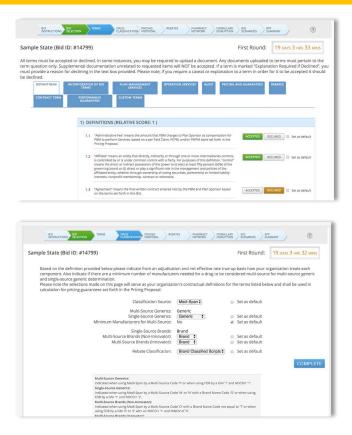
BUYER COMPARE ROUND 1 BIDS

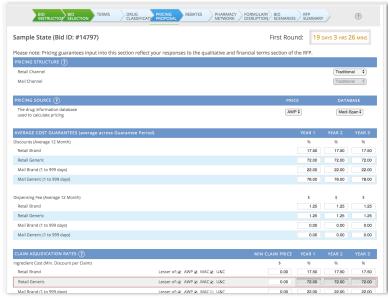
SELLERS IMPROVE BASED ON BLINDED RESULTS

BUYER COMPARE ROUND 2 BIDS

BUYER AWARDS CONTRACT

- Terminology and definitions are set and agreed-to upfront
- Helps state conduct side-by-side contractual comparisons
- The classification of drugs can unnecessarily increase spend and can impact rebate performance
- PBMs input proposed discounts
- This can be analysed on a claim-by-claim basis to give a more accurate proposal







First round results

SELLER AGREES
TO CONTRACT
TERMS

SELLERS SUBMIT BIDS

FINANCIAL SUMMARY: 3 YEAR

Performance Guarantees Risk

BUYER COMPARE ROUND 1 BIDS SELLERS
IMPROVE BASED
ON BLINDED
RESULTS

BUYER COMPARE ROUND 2 BIDS

\$0

BUYER AWARDS CONTRACT

- Detailed comparisons by PBM
- Forecasted total drug spend for side-by-side comparisons
- Estimated savings by PBM
- Comparisons includes readjudication of 100% historical claims data by each proposed PBM contract

	Current Contract	Market Comp #3 Bid #14801	Market Comp #1 Bid #14802	Market Comp #2 Bid #14797		
Status		Submitted	Submitted	Submitted		
Ingredient Cost	\$24,950,012	\$22,499,738	\$22,761,668	\$24,200,497		
Dispensing Fee	\$161,734	\$106,033	\$118,019	\$148,098		
Drug Spend	\$25,111,746	\$22,605,771	\$22,879,687	\$24,348,59		
Admin Fees	\$2,700,000	\$0	\$0	\$1		
Admin Credits	\$0	\$0	\$0	\$		
Rebates	(\$7,781,327)	(\$6,093,385)	(\$6,655,605)	(\$5,870,187		
Other Financial Considerations	\$0	\$0	\$0	\$		
Projected Bid Cost	\$20,030,419	\$16,512,385	\$16,224,082	\$18,478,40		
Proj. Current Plan Cost	N/A	\$20,030,419	\$20,030,419	\$20,030,41		
Total Savings \$	N/A	\$3,518,033	\$3,806,337	\$1,552,01		
Total Savings %	N/A	17.56%	19.00%	7.759		
Implementation Allowance	\$0	\$0	\$0	\$60.00		

\$0



SELLER AGREES TO CONTRACT TERMS

SELLERS SUBMIT

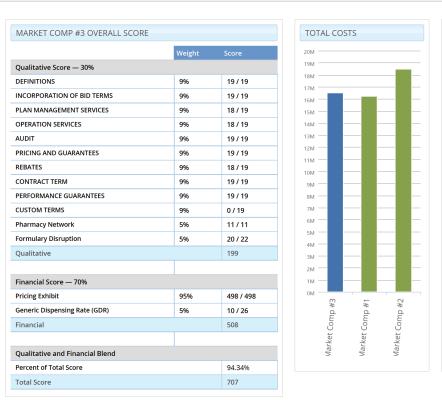
BUYER COMPARE **ROUND 1 BIDS**

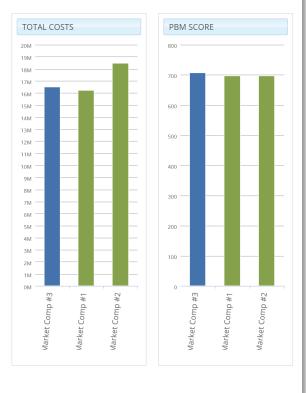
SELLERS IMPROVE BASED ON BLINDED RESULTS

BUYER COMPARE **ROUND 2 BIDS**

BUYER AWARDS CONTRACT

- Scored weighed by importance to the plan -configurable by plan
- Objective, third-party scoring, no misaligned incentives







Second round results

- Estimated savings by PBM
- Review improvement from first round

FINANCIAL SUMMARY: 3 YEAR	L .			
	Current Contract	Market Comp #3 Bid #14806	Market Comp #2 Bid #14805	Market Comp #1 Bid #14804
Status		Submitted	Submitted	Submitted
Ingredient Cost	\$24,950,012	\$22,499,738	\$23,817,876	\$22,587,237
Dispensing Fee	\$161,734	\$106,033	\$148,098	\$118,019
Drug Spend	\$25,111,746	\$22,605,771	\$23,965,974	\$22,705,256
Admin Fees	\$2,700,000	\$0	\$0	\$0
Admin Credits	\$0	\$0	\$0	\$0
Rebates	(\$7,781,327)	(\$6,933,001)	(\$5,870,187)	(\$6,715,891)
Other Financial Considerations	\$0	\$0	\$0	\$0
Projected Bid Cost	\$20,030,419	\$15,672,769	\$18,095,788	\$15,989,365
Proj. Current Plan Cost	N/A	\$20,030,419	\$20,030,419	\$20,030,419
Total Savings \$	N/A	\$4,357,649	\$1,934,631	\$4,041,053
Total Savings %	N/A	21.76%	9.66%	20.17%
Implementation Allowance	\$0	\$0	\$60,000	\$0
Performance Guarantees Risk	\$0	\$0	\$8	\$0



Contract awarded

Bidder award



Hello:

Please note that there is a new pending item posted regarding RFP #3042 for Sample State that requires your response by 11/01/2019 11:59 PM.

New Pending Item:

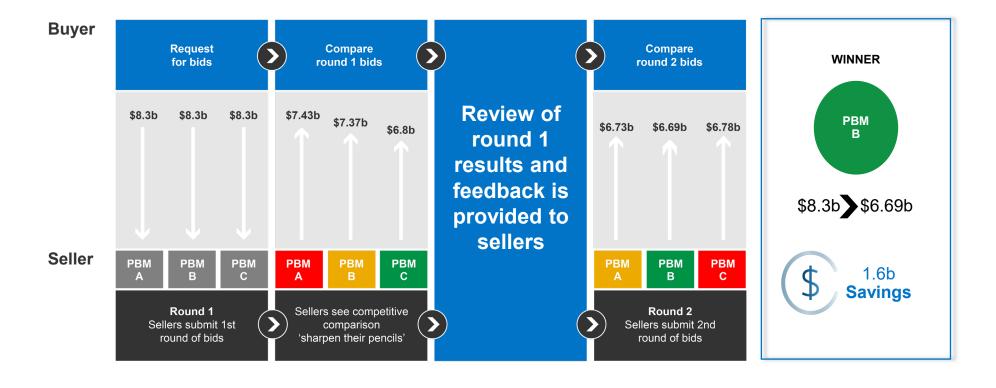
Congratulations!! The Client has awarded their business to Sample PBM and has requested that Sample PBM provide an executable contract based on the final offer submitted in the TruBid platform. Please provide your ETA as we would appreciate a timely response to communicate to the client. Please provide contact information for your Implementation Manager, as well as for your Billing Contact (name, address and e-mail). Thank you for your continued assistance.

Please submit your responses through the portal <u>here</u>. Responses via e-mail will not be considered.

Thank you for your cooperation.



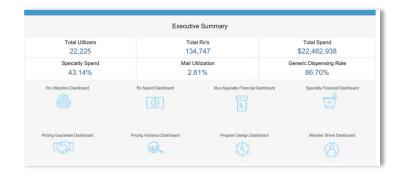
PBM reverse auction process: Bid results 2017

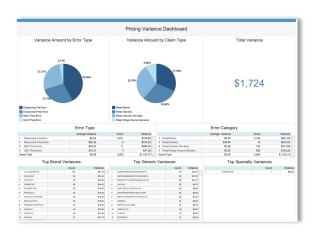


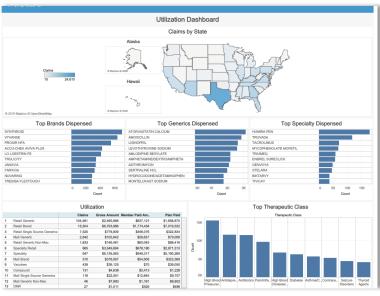


Beyond the RFP: Ensuring ongoing PBM accountability and contract oversight

The state employs continual contract performance monitoring for PBM accountability

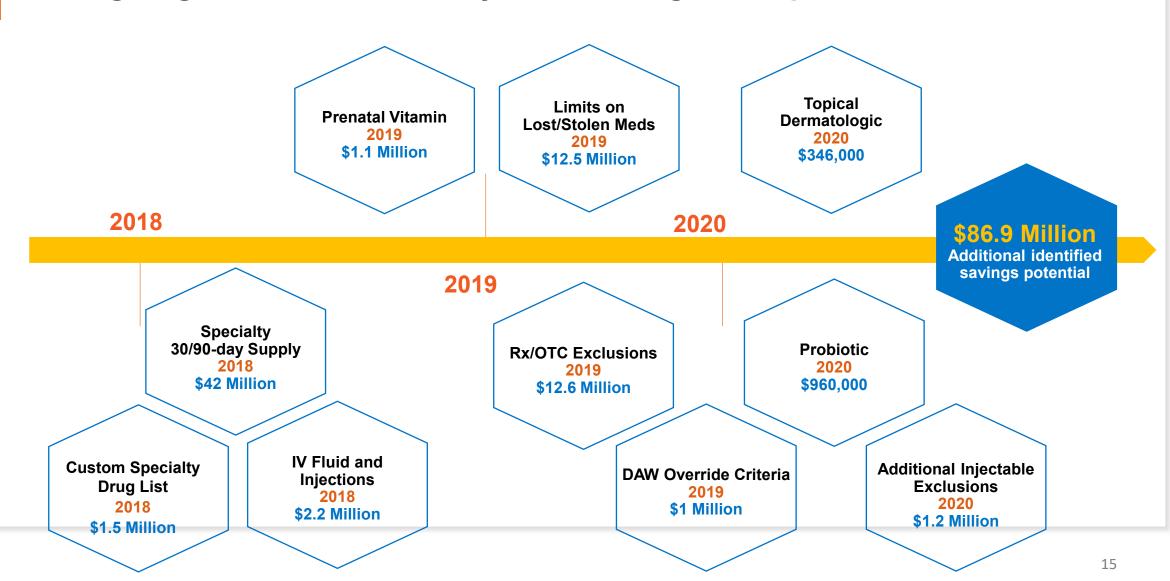








Ongoing PBM accountability and oversight sample results





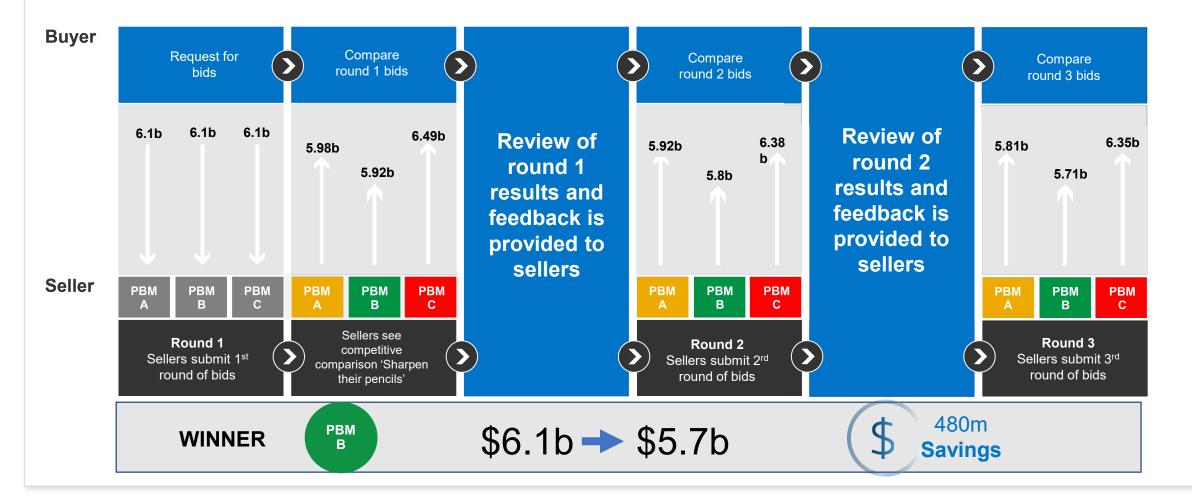
Court ordered rebid



With all three suppliers evenly matched on price, quality and technical expertise, Mark resorts to his last remaining selection tool.



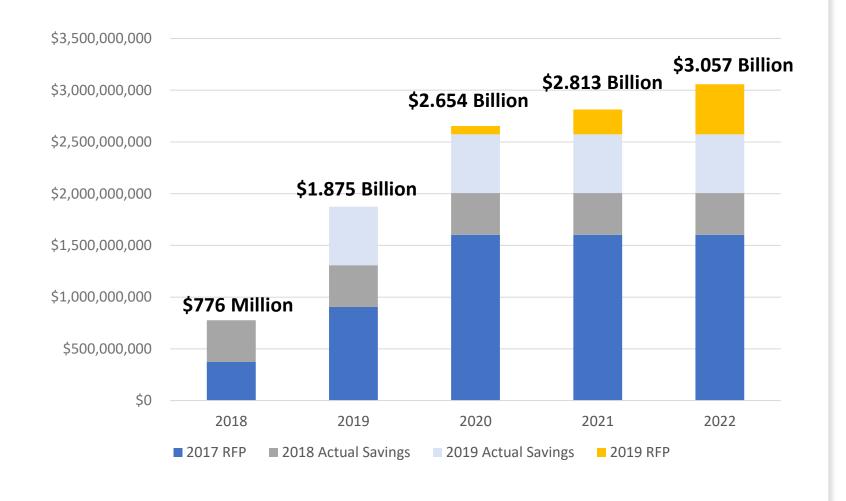
PBM reverse auction process: Bid results 2019





Accrued savings over the life of the PBM contract

- > \$1.602 Billion 2017 RFP
- ➤ \$403 Million 2018 Incremental Savings
- ▶ \$567 Million 2019 Incremental Savings
- > \$485 Million 2019 RFP
- \$3.057 Billion Total Savings









Please type your questions into the chat box.



Thank you!

Your opinion is important to us. After the webinar ends, you will be redirected to a web page containing a **short survey**. Your answers to the survey will help us as we plan future NASHP webinars.

This webinar is supported by Arnold Ventures.

