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| Helpful | CO Amendments to PDAB bill/law |
| 👎 | Applies conflict of interest provision to Advisory Board [*a problem if Rx industry is supposed to be on the Advisory Council*] |
| ? | Board members must have advanced educational degree and have expertise in healthcare economics or clinical medicine |
| Thumbs Down outline | Affordability review must assess “impact” on 340B providers |
| Thumbs Down outline | Affordability review must determine if the drug has orphan drug status |
| ? | PDAB can only create 12 UPLs per year |
| Thumbs Down outline | UPL methodology must consider impact to older adults and people with disabilities and shall not place a lesser value on their lives. |
| Thumbs Down outline | UPL methodology cannot include quality adjusted life years (QALYs) nor similar measure that discounts the value of life based on disability or age [*There is an alternative language for this amendment developed by ICER after the CO amendment came up. ICER is a non-profit that does cost effectiveness analysis. ICER does not like the CO language – which is a compromise supported by CO Citizens Health Initiative. Importantly, a PDAB is not required to use cost effectiveness analysis.*] |
| Thumbs Down outline | Pharmacists are permitted to bill (and health plans must pay) reasonable dispensing fees for dispensed UPL drugs [*this is fine unless the dispensing fee that must be paid can be any amount….. it is not clear what the language intends on this point*.] |
| Thumbs Down outline | UPL implementation becomes effective no sooner than 6 months after a UPL is established [*to allow time for providers to clear existing stock that was presumably purchased at a cost higher than the UPL. This would have to be done with or without express legislation, so this is fine*] |
| Thumbs Down outline | PDAB must have a process to inform the public about each new UPL |
| Thumbs Down outline | UPL implementation becomes effective no sooner than 6 months after a UPL is established [*to allow time for providers to clear existing stock that was presumably purchased at a cost higher than the UPL. This would have to be done with or without express legislation, so this is fine*] |
| Thumbs Down outline | PDAB must have a process to inform the public about each new UPL |
| 👎 | A person may request an expedited review from independent external entity when UPL Rx is not available [*because of manufacturer boycott] [potentially problematic]* |
| 👎 | A carrier may disregard a UPL if independent external review entity determines that the UPL drug should be covered and available to the individual [*despite a manufacturer boycott] [problematic*] |
| 👎 | [*In general*, *amendments that anticipate a manufacturer boycott may actually encourage a manufacturer to boycott – enacting a variety of relief valves that ‘protect’ patients and health plans limits the downside to the manufacturer for a boycott. Without these safety valves, there is a huge downside for a manufacturer that boycotts – including consumer protection laws that could otherwise come into play*] |
| Thumbs Down outline | Advisory Council must be diverse, including age, disability, gender identity *[additions to list found in MD law*] |
| Thumbs Down outline | Health plan savings from UPL must be used to reduce costs, with priority for reducing patient out of pocket costs |
| 👎 | UPL Enforcement exemptions:   1. Individuals purchasing drug for their own use or use by family member 2. Health plan or state agency that must, by law, dispense a drug, without regard to the UPL [*presumably in the event of a manufacturer boycott, although there is no condition on exemption in the bill*]   [CO Law *does not include specific enforcement provisions – civil penalties etc – for failure to abide a UPL so these exemptions are not necessary*] |
| ? | PDAB ask manufacturer in advance if they will boycott when a UPL is created and PDAB must alert the public to any actual manufacturer boycott. |
| Thumbs Down outline | PDAB must study impact of UPL on healthcare generally |
| 👎 | State legislature can overturn a UPL decision *(This undermines the independent decision making authority of the PDAB)* |
|  | No UPL for cannabis products |
|  | Authorizes $680M appropriation for PDAB operations |
| 👎 | PDAB sunsets September 2026 [*this is a short timeline in which a PDAB has to show results – savings etc. It is only 4 years effectively. A UPL for long acting insulins could be a way to demonstrate UPL effectiveness, except CO already limits patient insulin copays so consumer ‘savings’ would be hard to show.*] |