November 5- Price Transparency and Free Market Solutions - CAP 450

9:00-9:10 - COOPERATION AND INNOVATION BETWEEN THE STATES

Senator Kay Kirkpatrick, 32nd District, Marietta

Ohio House Speaker Pro Tem Jim Butler has championed the "Cure Bill," a new multistate Compact which would provide significant financial incentives to those who develop actual cures for major diseases. Participating states would contribute an amount equivalent to five years of taxpayer savings on the amount spent on treating and managing the disease and its symptoms. If there is no cure, no payment from the Compact would be made and therefore there is no risk to taxpayers. The Cure Bill is now law in Ohio and the Compact will be operational if implemented by one more state. Senator Kirkpatrick plans to introduce legislation in 2020.

9:10-10:05 - THE CHANGING LANDSCAPE OF HEALTH POLICY

John C. Goodman, President, Goodman Institute for Public Policy Research www.goodmaninstitute.org

Considered "the father of Health Savings Accounts," Goodman is one of the nation's leading thinkers on health policy. In the latest survey, 43 percent of all emergency department visits and 42 percent of all hospital admissions resulted in out-of-network charges. Costs averaged \$628 and \$2,040, respectively and some bills were outrageous. In most cases patients are completely unaware that any care being delivered is outside the insurer's network – assuming that services provided by an in-network hospital will in fact be in-network. Hospitals usually do nothing to alert patients before the final bill is presented.

Potential solutions will be reviewed and discussed within and outside the existing policy and regulatory framework. Nine (9) states have comprehensive laws protecting consumers against surprise billing. Past legislative efforts in Georgia have failed to provide a solution. SB 56 and HB 84 did not pass in 2019, but remain available for action during the 2020 session of the General Assembly.

http://www.legis.ga.gov/Legislation/20192020/183934.pdf http://www.legis.ga.gov/Legislation/20192020/183715.pdf

10:05-10:35 - STRATEGIES FOR DRUG SAVINGS

Scott Woods, Assistant Vice-President, State Affairs, Pharmaceutical Care Management Association, Washington, D.C. https://www.pcmanet.org/

As prices for drugs continue to skyrocket, policymakers and employers struggle with the challenges of implementing effective tools and strategies to lower drug costs. One such approach is through the use of pharmacy benefit managers (PBMs). PCMA is the national association representing America's PBMs which administer prescription drug plans for more than 270 million Americans who have health insurance from a variety of sponsors including: commercial health plans, self-insured employer plans, union plans, Medicare Part D plans, the Federal Employees Health Benefits Program (FEHBP), the Georgia State Health Benefit Plan (SHBP), the University of Georgia Board of Regents, managed Medicaid plans, and others. Topics of discussion will include electronic prescribing (eRx), real time benefit checks, plan design enhancements, pharmacy networks and prescription drug rebates.

10:45-11:30 - TRANSPARENCY SOLUTIONS IN ACTION

William Kampine, Senior Vice-President and Co-Founder, Healthcare BlueBook, Nashville, Tennessee

www.healthcarebluebook.com

Since 2007, Healthcare Bluebook has helped millions by making it easy to find high quality care at a FairPrice. Its proprietary transparency solution combines best cost and best quality data in an informative, intuitive and easy to use tool, transforming patients and organizations into effective healthcare consumers.

Transparency exposes the truth and empowers choice.

11:30-11:45 - GEORGIA OVERVIEW

Office of Attorney General Christopher M. Carr Jim Mooney, Assistant Attorney General, Medicaid Fraud Division

The Georgia Medicaid Fraud Unit (MFCU) investigates and prosecutes fraud and abuse by providers in the Georgia Medicaid program which includes cases brought under the Georgia False Medicaid Claims Act. MFCU also works to protect vulnerable patients from abuse.

https://law.georgia.gov/medicaid-fraud-control-unithttps://www.namfcu.net/

11:45-12:35 - PRESCRIPTION DRUG TRANSPARENCY AND COST SAVINGS

Emily Ann Baker, PharmD, BCPS, MBA, MHA, President, Northstar Healthcare Consulting, Alpharetta, www.nhc-llc.com

Founded in 2005, Northstar is an innovator in cost savings opportunities to reduce prescription expenses and manage medical spend without compromising quality. Through formulary design, drug spend analysis, pharmacy systems consulting, pharmacy and Durable Medical Equipment (DME) audit programs, and physician and consumer education, health care payers can eliminate waste and improve cost savings and health outcomes.

12:35-1:15 - TECHNOLOGY FASTBREAK

Carter Paine, Chief Executive Officer, AxialHealthcare, Nashville, Tennessee www.axialhealthcare.com

axialHealthcare provides breakthrough solutions for an evolving opiod crisis by partnering with third-party payers nationwide to identify and mitigate opioid-related patient risk. Proprietary algorithms monitor patient populations and networks using diverse data sources, including demographic, medical, pharmacy, and behavioral health information. The company uses data and technology solutions supplemented with clinical care to improve the well-being of patients in pain, reduce clinically unwarranted opioid prescribing, and find associated savings for its health plan clients.

1:15-1:30 - TASK FORCE DISCUSSION AND CONCLUSION