

VOTE 1: MEETING MINUTES

Date of Meeting: June 13, 2024
Start Time: 12:00 PM
End Time: 2:26 PM

	Present?	Vote 1: Approval of Minutes (April 11, 2024)
Deborah Devaux*	X	X
Barbara Blakeney	X	M
Matilde Castiel	X	X
Martin Cohen	X	X
David Cutler	X	X
Timothy Foley	X	X
Patty Houpt	X	X
Ron Mastrogiovanni	X	X
Alecia McGregor	X	X
Secretary Kate Walsh or (Designee)	X	2nd
Secretary Matthew Gorzkowicz or Martha Kwasnik (Designee)	X	X
Summary	11 Members Attended	Approved with 11 votes in the affirmative

Presented below is a summary of the meeting, including time-keeping, attendance, and votes.

*Chairman

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting

Proceedings

A virtual meeting of the Health Policy Commission (HPC) was held on June 13, 2024, at 12 PM. Commissioners attended the meeting via Zoom. A recording of the meeting is available on the HPC's [YouTube Channel](#). Meeting materials are available on the HPC's [website](#).

Participating commissioners who attended virtually were Ms. Deborah Devaux (Chair), Mr. Martin Cohen (Vice Chair); Ms. Barbara Blakeney; Dr. Matilde Castiel; Dr. David Cutler; Mr. Timothy Foley; Mr. Ron Mastrogiovanni; Dr. Alecia McGregor; Secretary Kate Walsh, Executive Office of Health and Human Services; and Ms. Martha Kwasnik, designee for Sec. Matthew Gorzkowicz, Executive Office of Administration and Finance.

Ms. Devaux began the meeting at 12 PM and welcomed the commissioners, staff, and members of the public viewing the meeting live on the HPC's YouTube channel.

ITEM 1: Approval of Minutes

Ms. Devaux turned the meeting over to Ms. Coleen Elstermeyer, Deputy Executive Director, to handle the roll call vote to approve the minutes from the April 11, 2024 Board meeting. Dr. McGregor requested an amendment to the minutes. Ms. Elstermeyer called for a motion to the amended minutes. Ms. Blakeney made the motion to approve the minutes and Secretary Walsh seconded it. The vote was taken by roll call. The motion was approved with 11 votes in the affirmative.

ITEM 2: Market Oversight

Ms. Devaux turned to Mr. David Seltz, Executive Director, to provide an overview of the public meeting agenda and introduce the first item on the agenda.

Status of Proposed Stewardship Health – OptumCare Material Change Notice

Ms. Lois Johnson, General Counsel, provided an update on the status of the ongoing review of the proposed sale of Stewardship Health to OptumCare. For more information, see slide 7.

Guest Presentation: Katie Catanese, Partner, Foley and Lardner, “Overview of the Chapter 11 Bankruptcy Process”

Ms. Katie Catanese, Partner at Foley and Lardner, provided an overview of the chapter 11 bankruptcy process. The presentation can be found on the HPC's [website](#), slides 10-24, and a recording of Ms. Catanese's presentation can be found on the HPC's [YouTube channel](#).

ITEM 4: Trends in Pharmacy Innovation and Implications for Health Care Costs

Prescription Drug Spending Trends in Massachusetts

Mr. Seltz reviewed the HPC's policy recommendation regarding enhancing oversight of pharmaceutical spending. Ms. Yue Huang, Manager, Research and Cost Trends, provided an overview of recent prescription drug spending trends in Massachusetts. For more information, see slides 26 - 31.

Secretary Walsh asked if the state has seen a drop in admissions for MS flares or other chronic conditions where the out-of-pocket spending for prescriptions is higher. She noted that if the prescription drugs that are supposed to reduce chronic conditions work, the state should see a change elsewhere in the healthcare system, such as fewer

admissions for those conditions. Ms. Huang responded that the HPC has not done research on the subject yet but could look further into it.

Research Spotlight: Early Evidence of Use and Spending Impacts of Blockbuster GLP-1 Weight-Loss Drugs in Massachusetts

Ms. Huang shared background on GLP-1 medications and the increasing utilization of weight loss drugs nationally. For more information, see slides 33-38.

Ms. Diana Vascones, Manager, Research and Cost Trends, described the research methods and initial results regarding the use and spending implications for GLP-1 weight loss drugs in Massachusetts. For more information, see slides 39-47.

Ms. Huang presented on the projected outlook for GLP-1 weight loss drugs, including payer coverage and patient access. For more information, see slides 48-51.

Dr. McGregor asked if there was a way to know the more common diagnoses of the patients who are prescribed immunosuppressants and what kinds of settings the drugs were more likely to be administered in, such as a clinical setting or if the patients are administering them at home, to get a better sense of what is driving up the cost and spending. Ms. Huang responded that the graph on immunosuppressant drugs spending, slide 32, shows just retail prescription drug spending and consists of patient administered drugs, so it does not capture drugs that are clinician administered. She said that if the data were to include clinician administered drugs, then the share of spending for immunosuppressants would not look as large, and that the chemotherapy drug category would look much larger since many chemotherapy drugs are administered by clinicians. Ms. Yuang said that the HPC has not looked at the prevalence of different health conditions as it pertains to immunosuppressant prescriptions because that prescription drug claims do not specifically say the reason for the prescription drug and many drugs in the category can be used for various medical conditions.

Dr. Cutler expressed concern about the cost and quality of the GLP-1 drugs and the restrictions that are being put in place around them, noting that people do not need to attend a weight loss clinic before being prescribed medication for hypertension, high cholesterol, and diabetes. He also noted that the cost of these drugs is very high and that insurance plans are right to determine the cost-effectiveness in paying for these drugs and determining who the drugs will be most effective for. He said that payers should also consider an income component of reimbursement, so people with lower incomes do not have to pay as much out of pocket compared to those with high incomes. Dr. Cutler also noted that with the current restrictions and costs around GLP-1s there is concern around access issues and that certain populations of people, who may need the drug most, and not being able to access or afford it.

Mr. Seltz commented that he appreciated the concern around equitable access of GLP-1s since there is data supporting the disproportionate disease prevalence of diabetes and obesity by income and race, and it opens up the question around how health care providers and payers can avoid compounding those disparities with inequitable access to these types of drugs now. Mr. Seltz asked Dr. Cutler his thoughts on commercial payers being asked to cover the cost of GLP-1s, given the hypothesis that the savings would accrue to Medicare, which raises the question how savings for patients can be accurately measured.

Dr. Cutler responded that the biggest financial beneficiary of certain drugs, like anti-hypertension drugs, has been Medicare because heart attack rate or the share of people on Medicare being hospitalized for heart attacks is rapidly decreasing, noting that hospitalizations for older people in commercial population has also decreased but not at the same rate as those on Medicare. He said the biggest beneficiary for savings on hypertension drugs has been the federal government and that the same could happen for weight loss drugs.

Ms. Devaux stated that given the points made by Mr. Seltz and Dr. Cutler, it raises the question about comparing the experience of those in the United States to those in other countries where the cost of the drugs is significantly

lower. She questioned if other countries experience with access and equity were dramatically different from those experiences in the U.S because their need to control the cost of prescription drugs and if that helps other countries better address the equity and access barriers.

Mr. Seltz provided closing remarks and noted that the claims data in the GLP-1 presentation does not include data on consumers who purchase the drugs on their own and in some cases the data in the presentation may be undercounting the use of GLP-1s today and thanked the Center for Health Information and Analysis (CHIA) for being an analytical resource for the HPC.

Guest Presentation: Dr. Rena Conti, Associate Professor and Dean's Scholar, Department of Markets, Public Policy, and Law, Questrom School of Business, Boston University, "National Trends in Innovation and Spending on Prescription Drugs and Policy Considerations"

Mr. Seltz introduced the topic and guest speaker, Dr. Rena Conti, Associated Professor and Dean's Scholar, Department of Public Policy, and Law, Questrom School of Business, Boston University. Dr. Conti's presentation focused on "National Trends in Innovation and Spending on Prescription Drugs and Policy Considerations." The presentation can be found on the HPC's [website](#), slides 53-75, and a recording of Dr. Conti's presentation is available on the HPC's [YouTube Channel](#).

Item 5: Executive Director's Report

Mr. Seltz introduced the agenda item and turned to Ms. Kate Scarborough Mills, Senior Director, Market Oversight and Transparency, to provide the standard update on notices of material change (MCN). Ms. Elstermeyer presented the remainder of the Executive Director's report, including an overview of the Health Equity Compact's Health Equity Trends Summit held on June 6, 2024, an announcement of the HPC's new investment program HEART-BP, and an update on recent and upcoming HPC publications. For more information, see slides 77-85.

The meeting adjourned at 2:26 PM.