Amendment to HB 1418-FN

1	Amend RSA 126-A:75, I-III as inserted by section 1 of the bill by replacing them with the following:
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3	I. There is established a commission to study greater transparency in pharmaceutical costs
4	and drug rebate programs.
5	(a) The members of the commission shall be as follows:
6	(1) Three members of the house of representatives, appointed by the speaker of the
7	house of representatives.
8	(2) One member of the senate, appointed by the president of the senate.
9	(3) The insurance commissioner, or designee.
10	(4) The commissioner of the department of health and human services, or designee.
11	(5) One public member, appointed by the governor.
12	(6) A representative of the New Hampshire Hospital Association, appointed by the
13	association.
14	(7) A physician licensed under RSA 329, appointed by the New Hampshire Medical
15	Society.
16	(8) The executive director of New Futures, or designee.
17	(9) A representative of the New Hampshire Pharmacists Association, appointed by
18	the association.
19	(10) A representative of the Business and Industry Association of New Hampshire,
20	appointed by the association.
21	(11) A member representing pharmacy benefit managers, appointed by the
22	Pharmaceutical Care Management Association.
23	(12) A representative of America's Health Insurance Plans (AHIP), appointed by
24	that organization.
25	(13) A representative of Pharmaceutical Research and Manufacturers of America,
26	appointed by that organization.
27	(b) Legislative members of the commission shall receive mileage at the legislative rate
28	when attending to the duties of the commission.
29	II.(a)(1) The commission shall study how to achieve greater transparency in pharmaceutical
30	costs by identifying and analyzing certain critical prescription drugs and their role in overall health
31	care spending in the New Hampshire and by analyzing the amounts rebated by drug manufacturers
32	for certain high cost and high utilization prescription drugs. The commission's study shall include

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1	but not be limited to:
2	(A) Studying strategies available to achieve greater transparency in
3	pharmaceutical costs by identifying and analyzing certain critical prescription drugs and their role
4	in overall health care spending and the impact of price increases on patients and their families.
5	(B) Reviewing legislative efforts in other states and taking advantage of any
6	other analysis by outside organizations or foundations.
7	(C) Analyzing the impact of drug prices on insurance premium costs, consumer
8	out-of-pocket costs for prescription drugs, and state and county purchasing of prescription drugs.
9	(D) Analyzing the potential impact of transparency in relation to the practices of
10	pharmaceutical manufacturers and pharmacy benefits managers, including how research and
11	development, marketing, and rebates affect drug prices.
12	(E) Proposing changes to New Hampshire law, as needed, to reduce the rising
13	cost of pharmaceuticals.
14	(2) The commission shall also study the role pharmacy benefit managers play in the
15	cost, administration, and distribution of prescription drugs; if greater transparency in
16	pharmaceutical costs to purchasers would lower costs in overall health care spending in New
17	Hampshire and analyzing the amounts rebated by drug manufacturers for prescription drugs
18	passed to purchasers and patients. The goal shall be to determine if any changes to New
19	Hampshire laws could reduce the rising cost of pharmaceuticals to purchasers or patients.
20	(b) The commission may solicit input from any person or entity the commission deems
21	relevant to its study.
22	III. The members of the commission shall elect a chairperson from among the members.
23	The first meeting of the commission shall be called by the first-named house member. The first
24	meeting of the commission shall be held within 45 days of the effective date of this section. Eight

members of the commission shall constitute a quorum.

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