Fiscal Estimate - 2023 Session

☑ Original ☐ Updated	Correct	ed Supple	mental			
LRB Number 23-4170/1	Introduction	on Number SB-06	72			
Description value-based purchasing arrangements under the Medical Assistance program						
Fiscal Effect						
Appropriations Reve	ase Existing enues ease Existing enues	Increase Costs - May be absorb within agency's the Yes Decrease Costs				
Permissive Mandatory Perm	ase Revenue issive Mandatory ease Revenue issive Mandatory	5.Types of Local Government Units Affected Towns Village Others School WTCS Districts Districts	e Cities s			
Fund Sources Affected		Affected Ch. 20 Appropris	ations			
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐	seg segs	s. 20.435 (4)(a), (4)(n), (4)(gm)	b), (4)(o), (4)			
Agency/Prepared By	Authorized Signatu	ire	Date			
DHS/ Dominic Voehler (608) 267-7148	Andy Forsaith (608) 266-7684		12/12/2023			

Fiscal Estimate Narratives DHS 12/12/2023

LRB Number 23-4170/1	Introduction Number	SB-0672	Estimate Type	Original		
Description						
value-based purchasing arrangements under the Medical Assistance program						

Assumptions Used in Arriving at Fiscal Estimate

This bill creates 49.45(49r) of the statutes to allow the Department of Health Services (DHS) to enter into value-based purchasing arrangements with drug manufacturers for purposes of the Medicaid program. Under this bill, a value-based purchasing arrangement must have agreed upon metrics and may include rebates, discounts, price reductions, risk sharing, reimbursements, payment deferrals or installment payments, guarantees, shared savings payments, withholds, bonuses, or any other thing of value. The bill authorizes the Department to seek approval from the federal government as necessary to support implementation of value-based purchasing agreements.

Under current law, s. 49.45(49m) authorizes the creation of the Medicaid program's Preferred Drug List (PDL) and provides authority for prescription drug cost controls, which currently includes supplemental rebate agreements for prescription drugs.

The intent of a value-based purchasing agreement is to improve access to prescription drugs for Medicaid members, while providing a payment arrangement in which the drug manufacturer has an interest in assuring positive patient outcomes for the use of its prescription drug. By tying agreed upon outcome metrics to the incentives that affect the prescription drug price, value-based purchasing agreements intend to improve patient outcomes, which may eventually lead to reduced Medicaid costs due to better controlled chronic conditions and diseases. However, estimating the impacts of potential future value-based purchasing arrangements on the Medicaid program is not possible. Therefore, the fiscal impact of this bill on Medicaid benefit costs is indeterminate.

The Department would need additional staff to support implementation of value-based purchasing agreements. Based on the experience of other states that implemented value-based purchasing agreements, the Department estimates a need for 6.5 FTE for a total cost of \$974,200 All Funds (\$487,100 GPR) in the first year and \$954,400 All Funds (\$477,200 GPR) annually in subsequent years.

Long-Range Fiscal Implications