REQUEST FOR PROPOSALS:

SUPPORTING EFFECTIVE PRESCRIPTION DRUG AFFORDABILITY BOARDS

Release date: June 14, 2022

Background:

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations. With funding from Arnold Ventures, NASHP operates the Drug Pricing Center and supports states working to lower prescription drug costs through legislative and administrative strategies.

With guidance from a national workgroup of state leaders, NASHP released model legislation for states to create Prescription Drug Affordability Boards (PDABs) in 2017. Since that time, six states have enacted some form of PDAB: Maryland, Colorado, Maine, New Hampshire, Oregon, and Washington - and many other states continue to advance legislation. NASHP convenes a PDAB advisory group of state leaders from the states that have enacted a PDAB. This advisory group meets regularly to talk about where they are, exchange ideas, and talk about their needs to successfully implement a PDAB.

Though there is variation across PDABs, several PDABs share core responsibilities that can be categorized as follows:

1) Educate PDAB Board members, and Advisory Board members as needed, on topics of interest, including but not limited to prescription drug pricing and policy, the U.S. drug supply chain, and the clinical and economic evaluation of prescription drugs.

2) Identify costly prescription drugs for potential Board review through research and data analysis and develop criteria for selecting specific prescription drugs for affordability reviews (e.g., consumer impact).

3) Define an analytical approach for reviewing prescription drug affordability and conduct drug affordability reviews accordingly.

4) When authorized by state law, develop consistent and transparent criteria for setting upper payment limits (UPLs) as deemed appropriate pursuant to the drug affordability review conducted by the PDAB.

In lieu of setting UPLs, other PDABs are charged with the following tasks:

      1) Setting prescription drug spending targets for public payers.

      2) Recommending policy options to maintain drug spending levels below targets.

Purpose:

Faced with many responsibilities and with limited budgets, PDABs need access to centralized resources including educational materials, data sources and analyses, and related support. NASHP is seeking a consultant that has the expertise to provide these services to states to support successful completion of the responsibilities identified above.

Importantly, the intent of this partnership is to bring assistance to PDAB states to scale where possible. This will be achieved by identifying and realizing opportunities to provide materials, research, analysis, and other assistance across states rather than in siloes. This partner will bring value to states by creating efficiencies, allowing states to free up scarce resources rather than duplicating similar efforts.

Project Management:

Clear and consistent communication with NASHP and states is a must to successfully execute this work. NASHP will facilitate this communication with regular meetings with the consultant and PDAB states, both virtual and in-person. States' needs will dictate the exact deliverables to be completed under this opportunity, and these deliverables must be approved by NASHP prior to execution. Priority will be given to work that can be duplicated or used across states, for example, the development of relevant methodologies or educational materials that could be used by multiple states. Work will be reimbursed in agreement with the selected party based on a monthly invoice.

Expectations:

This contract will require flexibility to serve multiple states on similar tasks, by providing technical assistance and directly conducting data analysis and reviews to individual states and to groups of states, as needed. The latter may require an additional contract or data use agreement directly with a state to enable necessary data-sharing. The consultant will meet routinely with states and NASHP to develop and execute a workplan, including a schedule of deliverables, based on the priorities and process described above. The awardee should be available for in-person and virtual meetings with NASHP and PDAB states, and virtual or in-person site visits with individual states, along with monthly calls with NASHP and PDAB states.

Time Period and Key Dates:

The time-period for this 16-month contract will be September 1, 2022, to December 31, 2023, with the possibility for renewal. Ideally, the awardee should be available to join an in-person meeting with NASHP and states at NASHP's annual conference in Seattle, Washington, to be scheduled sometime September 12-14, 2022. Additional meetings will be scheduled at later dates.

RFP Timeline:

June 14, 2022:	NASHP releases request for proposals
June 21, 2022:	Deadline for interested parties to submit questions to NASHP
	(Submit questions to the attention of Jennifer Reck at jreck@nashp.org)
June 28, 2022:	NASHP publishes responses to questions
July 26, 2022:	Proposals due to NASHP by 5 p.m. ET
	(Submit to the attention of Jennifer Reck at jreck@nashp.org)
Aug. 12,2022:	NASHP notifies successful respondent
Sept. 1, 2022:	Contract start date
Sept. 12-14, 2022:	Contract awardee meets with PDAB states and NASHP at NASHP's annual conference in Seattle, Washington

How to respond:

Responses should be submitted to Jennifer Reck (jreck@nashp.org) by July 26, 2022, 5 p.m. ET and should be no more than five single-spaced pages with 1-inch margins and 12-point font, excluding appendices such as sample work products (reports, presentations, and/or data analyses) which may be shared in addition to the five pages.

In your proposal, please explain:

• Your approach to providing states with the common tools and resources necessary to successfully implement PDABs

• Your ability either to consult on or to conduct the tasks identified above; or your ability to do both

• Your knowledge of and access to necessary data sources

• Your experience with prescription drug pricing and utilization analyses, including, if applicable, cost effectiveness and/or pharmacoeconomic analyses, and claims-based analyses.

• Your familiarity with the U.S. prescription drug market and supply chain, including prescription drug reimbursement models

• Your experience working with state officials and/or with state legislation

• Your hourly rate and anticipated hours/month for completing this work in service of PDAB-implementing states

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