

Prescription Drug Affordability Board Advisory Group application

Instructions

The Washington State Prescription Drug Affordability Board (Board) is seeking unpaid volunteer members for its Advisory Group.

The Advisory Group serves at the direction of the Board. The goal of the Advisory Group is to provide guidance to the Board on the different components of drug affordability in Washington. The Advisory Group members will investigate each drug selected by the Board and will provide a written report to the Board with their findings as to the drug's affordability. The Advisory Group members will follow the description of their roles and responsibilities laid out in 70.405 RCW and in WAC 182-52.

Pursuant to RCW 70.405.020(3), no advisory group member may be an employee of, a board member of, or consultant to a prescription drug manufacturer, pharmacy benefit manager, health carrier, prescription drug wholesale distributor, or related trade association, except that a representative from the prescription drug industry serving on an advisory group may be an employee, consultant, or board member of a prescription drug manufacturer or related trade association.

To apply, complete this application and submit to HCA_WA_PDAB@hca.wa.gov. Applications will be accepted on a rolling basis.

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Contact information

First name

Last name

Middle initial

Preferred pronouns (she/her, he/him, they/them, X)

Email

Phone

Organization (if applicable)

Title (if applicable)

Work address (if applicable)

County of organization/employer

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Sectors and experience

Indicate the sectors and/or experience you'll bring to the Advisory Group (check all that apply):

- The pharmaceutical business model
- Health care supply chain business model
- The practice of medicine or clinical training
- Health care consumer or patient perspectives / advocacy
- Health care cost trends and drivers
- Clinical and health services research
- The state's health care marketplace
- Representative of the prescription drug industry

4. Is there anything else you would like us to know that may be relevant to serving on the Advisory Group?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes No

6. If yes, did you receive any compensation?

Yes No

7. Could you or your family be affected financially by the Advisory Group recommendations or Board decisions?

Yes No If yes, please explain:

8. Are you involved or associated with any patient advocacy groups?

9. Memberships in professional, civic organizations, or government boards or commissions:

10. Community service/volunteer activities:

11. Have you ever served in the U.S. Armed Forces?

Yes No

Answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

12. Describe any knowledge or expertise you have with health equity. You can use your own definition of health equity as you answer this question, or you may use HCA's above.

13. Describe why health equity is important to you.

14. What opportunities do you see for the Advisory Group to address health equity through prescription drug affordability?

As part of our commitment to identifying and eliminating health inequities, we're asking all the Advisory Group applicants to answer these demographic questions. This will help the Board to select committee members who represent the many communities and populations within Washington State.

15. How do you identify your race, ethnicity, tribal affiliation, or country/land of origin?

16. Which of the following describes your racial or ethnic identity? Check all that apply.

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino/a/x/e

Middle Eastern or Northern African

Native Hawaiian or Pacific Islander

White

Don't want to answer/decline

Other category/categories (please list):

As part of the application process, we're asking applicants to attest to their commitment to being an Advisory Group member, if selected. Check all that you're able to do.

Attend regular, bi-monthly Advisory Group meetings.

Review all materials prior to the Advisory Group meetings.

Participate to the best of my ability.

Participate in good faith in the best interest of the Advisory Group and its charge.

Accept the responsibility to collaborate in developing potential recommendations.

Respectfully engage at all times with other the Advisory Group members.

Signature

Applicant signature

Date

I, (enter name) _____, will recuse myself from any Advisory Group activity, voting, or conversations in any case in which I have a conflict of interest or perceived conflict of interest, whether or not the conflict is disclosed in this form. If a conflict of interest is so great as to make it difficult for me to participate meaningfully in the work of the Washington State Prescription Drug Affordability Board Advisory Group, I may be asked to resign.

For the purposes of service on the Washington State Prescription Drug Affordability Board Advisory Group, a conflict of interest means a situation in which a Member is in a position to derive personal benefit, financial or otherwise, direct or indirect, from actions or decisions made in the course of the performance of official duties, or when a Board Member's private or personal interest impairs their independent and impartial judgement in the exercise of official duties. Conflicts of interest include situations that have the potential to bias or appear to bias an individual's decisions in matters related to the Board or the activities of the Board.

I will be aware of the appearance of impropriety and will take care to avoid any conduct that may appear improper and erode public confidence in the decisions of the Board.

I will disclose below if I am an employee of, a board member of, or consultant to a prescription drug manufacturer, pharmacy benefit manager, health carrier, prescription drug wholesale distributor, or related trade association.

I have read the Conflict of Interest Disclosure form. I understand the purpose of the form and agree to provide information to determine conflicts of interest. The information provided is true and complete as of the date the form was signed. If circumstances change, I am responsible for notifying HCA staff in order to amend this disclosure. I will complete this form annually by July 1st of each year of Advisory Group membership.

Signature

Applicant signature

Date

Name

Email

On the next series of questions, disclose your financial interests and relationships with any prescription drug manufacturer, pharmacy benefit manager, health carrier, prescription drug wholesale distributor, or related trade association occurring over the last 24 months.

- List amounts totaling \$1,000 or more from a single source.
- Indicate the category of financial interest/relationship by referring to the disclosure categories below. Select the letter corresponding to your financial interest(s). You may indicate multiple categories.
- Indicate the source and date of the financial interest. For each chosen category, include dates and if your activities are ongoing.
- Indicate the recipient. Family: spouse, domestic partner, child, stepchild, parent, or sibling (his/her spouse or domestic partner) currently living in your home.

Financial interest categories

Use these categories (a through g) to indicate the nature of the financial interest in the questions below:

- a. Payment from parties with a financial or political interest in the outcome of work as part of your appointment or activity.
- b. Employment including work as an independent contractor, consultant, whether written or unwritten.
- c. Ownership or owning stock (stock, options, warrants) or holding debt or other significant proprietary interests or investments in any third party that could be affected.
- d. Receiving a proprietary research grant or receiving patents, royalties, or licensing fees.
- e. Participating on a company's proprietary governing boards.
- f. Participating in speakers bureaus.
- g. Receiving honoraria.

Disclosure 1

Category (enter A through G)

Source of income

Date of income

Total amount of income

Recipient (indicate self or family)

Nature of association (describe with as much detail as you can):

Disclosure 2

Category (enter A through G)

Source of income

Date of income

Total amount of income

Recipient (indicate self or family)

Nature of association (describe with as much detail as you can):

Disclosure 3

Category (enter A through G)

Source of income

Date of income

Total amount of income

Recipient (indicate self or family)

Nature of association (describe with as much detail as you can):

Disclosure 4

Category (enter A through G)

Source of income

Date of income

Total amount of income

Recipient (indicate self or family)

Nature of association (describe with as much detail as you can):

Disclosure 5

Category (enter A through G)

Source of income

Date of income

Total amount of income

Recipient (indicate self or family)

Nature of association (describe with as much detail as you can):