

May 24, 2023

Dear Members of the House Health Care Committee,

Blue Cross and Blue Shield of Vermont does not support singling out epinephrine from among all the other essential drugs and services to eliminate member cost share. That said, the impact to premiums from eliminating the cost share is expected to be minimal, unless a large number of patients shift from generic epinephrine to higher cost brand versions of the drug. Limiting the elimination of cost-share to only generic epinephrine would minimize this shift.

Generic epinephrine usually costs \$135 for two autoinjectors, while the brand versions can be as much as \$690 for two autoinjectors. The average copay across our entire membership is \$9.82. The plans available through Vermont Health Connect often have cost share, even for generic drugs on the first tier of our formulary, because the plans must achieve the federally required actuarial values (AV) for each metal level. The teams working on the health plans struggle to create plan designs within parameters that can accommodate all of the federal requirements and increasing number of state specific limits such as the separate overall medical and drug caps, co-pay limits for primary care and mental health, chiropractic and PT care, and the monthly insulin cap, among others.

Members with high deductible health plans must typically pay for these medications out of pocket until their deductible is met, because of the federal IRS requirements prohibiting first dollar coverage.

Finally, eliminating cost-share does not lower the price of the drug but shifts the cost to higher premiums for all ratepayers.

Thank you for considering these concerns.

Sincerely,

Sara Teachout
Corporate Director, Government and Media Relations