

Cancer is one of the most costly medical conditions in the nation. In 2015, over **4,020** Vermonters were diagnosed with cancer and approximately **38,000** Vermonters were adult cancer survivors. While the Affordable Care Act (ACA) has expanded access to health insurance for low-income Vermonters, the costs of cancer treatment along with co-occurring conditions can represent a significant burden regardless of income-level. Many cancer patients and survivors manage multiple prescriptions without knowing if they can afford them.

According to the [2014 Vermont Household Health Insurance Survey](#), privately insured residents were concerned **35.9 percent** of the time about their ability to afford their prescription drugs.

When Vermont cancer patients and consumers living with chronic disease attempt to choose a health insurance plan, accurately predicting out-of-pocket (OOP) costs without sufficient drug cost-sharing information is relatively impossible. Analysis in 2014 showed that **27 percent of consumers** who purchased Blue Cross Blue Shield plans on Vermont Health Connect **purchased high deductible plans**, which generally require members to pay coinsurance for health services and prescription drugs. Unlike fixed copays, coinsurance is highly variable and can be as high as 30 percent or more of the cost of a prescription drug.

While the cost of a drug varies significantly depending on the source, consumers who are increasingly facing coinsurance must know basic cost estimates of their drugs before they can choose the plan that best meets their needs. Without this information, Vermont consumers face extremely high OOP costs and increase the odds cancer patients will not be able to afford the recommended treatment protocol.

**This bill would ensure that necessary drug cost information is available to health plan consumers, potential enrollees and health care providers.**

For each individual health plans sold in Vermont, consumers need easy access to the following:

At the least,

- The formulary for each health benefit plan, on the plan's website in a manner that is accessible to and searchable by enrollees, potential enrollees, and providers
- Formularies should include:
  - All drugs covered under a plan including drugs dispensed to a patient at the pharmacy (covered a health plan's prescription drug benefit)
  - provider-administered drugs (typically covered under a health plan's medical benefit), on a single, integrated drug list that is available online as a PDF document, or through a web-based drug look up tool on the carrier's website(such as print, online, and mobile)

- The exact or estimated patient out-of-pocket cost for a drug (for drugs subject to a coinsurance)
- Utilization management criteria such as prior authorization requirements, dosage limits, and step therapy requirements

While we understand that carriers need flexibility to design unique formularies and marketing materials, the current marketplace is not conducive to the extensive needs of consumers living with chronic disease.

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ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard.

The American Cancer Society Cancer Action Network • [www.acscan.org/vermont](http://www.acscan.org/vermont)