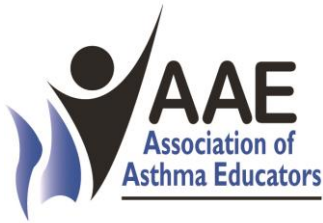


March 12, 2017

To: Vermont Legislative Committee Members  
C/O Loring Starr, committee staff

Ref: **Bill H309**



70 Buckwalter Road  
Ste 900 #330  
Royersford, PA 19468  
1-888-988-7747

*President*

Gregory Metz, AE-C, MD

*Immediate Past President*

Bill Pruitt AE-C, CPFT, FAARC, MBA,  
RRT

*President-Elect*

C. Michael Bowman MD, PhD

*Vice President*

Michael Shoemaker, AE-C, BHA,  
RRT-NPS

*Treasurer*

Lisa C. Johnson, AE-C, BAS, RCP, RRT

*Secretary*

Virginia M. Thomas  
MSN, FNP-BC, AE-C

*Board of Directors*

~~~~~  
Dewey Hahlbohm  
PA-C, AE-C

Jared Rice, AE-C, BSN, BSRT, RRT-NPS,  
RPFT

Tracy Marquette RRT, AE-C

Mona Tsoukleris, PharmD

Sharon Lemley, RN, AE-C

Teresa Summe, RRT, AE-C

Dear Ladies and Gentlemen,

On behalf of the Board of Directors of the Association of Asthma Educators (AAE), we, the current president and president-elect, are writing to voice our strong opposition to the proposed Bill H309 that would require pharmacists to substitute a lower-cost epinephrine autoinjector instead of the one prescribed. This bill requires the substitution unless the patient objects or the provider specifies *dispense as written*.

This is unwise legislation for several reasons. Although there has been much publicity about the incredible price increases promoted in the last year for epinephrine auto-injectors, picking one drug/device for legislative mandate is not wise. All payers already cover that issue with their formularies, so it is not necessary for a law to be enacted. Furthermore, the US Food and Drug Administration (FDA) has not approved all of the autoinjector devices as being equivalent and substitutable for each other.

It is extremely important to recognize that these are not just medications made by different companies, but very different delivery devices. One requires actuation for 3 seconds while another requires 10 seconds. For one device, the needle retracts and for another it stays extended. All epinephrine autoinjectors deliver life-saving medication in the event of a severe allergic reaction. It is, therefore, imperative that patients, families and school personnel know exactly how to correctly and safely use the exact epinephrine autoinjector device when the patient is "in crisis mode". Understanding how to use the exact device in hand is the patient's best assurance that they will receive timely and effective administration of the medication. Failure to administer the epinephrine quickly enough or correctly can lead to fatal outcomes. Because timing is crucial and knowledge of how to use the autoinjector is so important, a significant amount of time and training is provided to all patients and their families by medical providers during clinic visits to ensure that they know how to use their specific device. Changing the device at the pharmacy is a potential grave danger in a life-threatening situation where minutes count.

The AAE is very concerned that this bill would allow for changes to the prescribed epinephrine autoinjector device without the provider knowing about it or assuring that the patient receives appropriate training. We believe this puts patients at grave risk. Demanding that pharmacists provide the extra training for a substitution will also require specific authorization of payment for teaching done because of this bill. That will add significant expense for Medicaid and other providers.

We therefore oppose Bill H309. Please contact us with any questions.

Sincerely,

Gregory Metz, MD, AE-C  
President, Association of Asthma Educators

C. Michael Bowman, MD, PhD  
President-Elect, Association of Asthma Educators

[www.asthmaeducators.org](http://www.asthmaeducators.org)