

# HCA Testimony on DVHA Rx Copay Proposal



**The Office of the Health Care Advocate**

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# HCA – Oppose increases to RX Co-pays



- DVHA proposal: Increase Rx Co-Pays (-\$0.461m GF / -\$1.10m Gross)
- Described as “a requirement coming out of HR1” during the AHS Leadership Team’s testimony to HHC on 2/5/26 and on page 51 in [DVHA’s 2025 Annual Report, Governor’s Recommended Budget for State Fiscal Year 2027](#):

## *Increase Rx Co-Pays*

H.R.1 mandates cost sharing requirements in the Medicaid program. DVHA recommends an increase in copays to \$4 for per preferred and \$8 for non-preferred drugs. Current co-pays of \$1 to \$3 have been in place for many years without change.

- HCA opposes
  - **H.R.1 does not require Vermont to increase Medicaid copays.**
  - H.R.1 requires co-pays to be more than \$0 for the Medicaid expansion population with income 100 – 138% FPL. Vermont’s co-pays already meet this requirement.
  - Vermonters will face significant barriers to accessing Medicaid in the future due to the actual federal requirements of H.R.1. State government should not create additional barriers.

# HCA – Oppose increases to RX Co-pays



- HCA opposes
  - To save the state \$461,000 in FY27, **DVHA's proposal would forfeit \$639,000 in federal funding.**
  - **DVHA's proposal would transfer \$1.1M in costs onto low-income Vermonters.** This would play out at the pharmacy counter with many Vermonters choosing to ration or skip necessary medications.
  - **Overall, DVHA's pharmacy costs are decreasing.** DVHA's 2025 Annual Report notes a \$4 million decline in net prescription spending by the State for Medicaid enrollees between FY24 and FY25 (p. 31).

# Questions

