



MEMORANDUM OF SUPPORT

Assembly Bill A6425 (O'Donnell) Epinephrine Affordability

The New York State Public Health Association (NYSPHA) is a non-profit, membership organization comprised of over 700 dedicated New York State public health professionals, organizations, and advocates who work tirelessly to improve the health of our communities. **NYSPHA urges you to support Bill A6425 for improving epinephrine affordability for New York residents.** We recognize the significance of this bill in advancing the health and wellness of New Yorkers, and we would like to commend the bill's sponsors for their commitment to addressing pressing public health concerns.

Allergies can range on a spectrum from watery eyes, runny nose, and itchy rash, all the way to anaphylactic reaction. Anaphylaxis is a life-threatening allergic reaction characterized by a sudden release of immune system mediators in response to allergens. It can lead to dilation of the blood vessels, and progressive swelling in the face and throat, which leads to the individual being unable to breathe. If left untreated, it is life threatening. Notably, research studies have shown that median time interval between onset of symptoms to respiratory or cardiac arrest was anywhere between 5 to 30 minutes if not intervened in time¹. Treatment includes epinephrine injections into the muscle that can immediately work to prevent further throat swelling by targeting the body's receptors to reduce throat swelling. It is the first-line treatment. There is no better or substitute medication. However, the allergic reaction can last longer than the duration of action of epinephrine, which can lead to a second onset of allergic symptoms after the first epinephrine dose. As a result, it is medically recommended that patients have two epinephrine auto-injectors with them in case that a hospital is not readily accessible.

Epinephrine auto-injectors (for example, EpiPen®) are prescribed to patients with a history of severe allergies for self-administration in order to prevent the deadly symptoms of anaphylaxis. However, studies have shown that there is a significant unuse and undertreatment of anaphylactic reactions in both adult and pediatric cases. Specifically, common reasons include lack of auto-injector availability and failure to administer correctly². Components leading to lack of availability includes expensive prices, variable insurance coverage, generics vs branded versions, etc^{3,4}. While there are various versions of injectables – autoinjectors, prefilled syringes, or vials requiring manual injection– the prices can vary significantly. On average, a package of two auto-injectors can cost between \$600 to \$750 without insurance for a branded version, or a \$300 to \$500 for a generic version⁵. The cost barriers are leading to significantly increased health risks amongst New York residents.

A retrospective study done in 2014 in New York discovered that around 50% to 70% of total deaths could have been avoided, with the majority being medically preventable. This is largely due to individuals with recognized food allergies not possessing an epinephrine autoinjector. A significant number of fatalities occurred in public places, such as restaurants or nursing home. This study further indicates an upward

trajectory in hospitalizations and ED visits related to food allergies⁶.

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A.6425 (O'Donnell) addresses epinephrine affordability with the goal of limiting the cost-share cap of epinephrine auto-injectors to no more than \$100 per year. The bill was proposed in response to the rapid increase in the cost of auto-injectors over the last 10-15 years; in some cases, an over 600% increase. This is not reasonably accessible for many New Yorkers. The passage of this legislation will make these life-saving devices more broadly available to at-risk New Yorkers, thereby reducing the number of emergency room visits and related deaths.

The bill aims to require health insurance plans to provide coverage for epinephrine auto-injector devices. The proposed changes apply to various types of insurance policies, including those providing major medical or similar comprehensive-type coverage. The key points in the bill include:

1. Insurers issuing policies of accident and health insurance must include coverage for two medically necessary epinephrine auto-injector devices for emergency treatment of life-threatening allergic reactions.
2. Coverage may be subject to annual deductibles and coinsurance, as determined by the superintendent, but the total amount a covered person is required to pay out-of-pocket for such devices should not exceed one hundred dollars annually.

In conclusion, NYSPHA strongly supports A.6425. The bill not only addresses critical financial issues related to epinephrine affordability but also aligns with medical needs, as well as broader public health principles in improving accessibility. NYSPHA stands firmly behind this legislation as important to protecting the public's health. We are grateful for the opportunity to voice our support to ensure the health and well-being of all New Yorkers.

For more information, contact advocacy@NYSPHA.org

References

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