

CHIROPRACTOR COPAYMENTS

While our organization typically does not take a position on the issue of copayments for different professions, the Vermont Medical Society has concerns with certain aspects of a proposal to require copayments for the services provided by chiropractors to be no greater than the copayment applicable to services provided by primary care physicians.

Our member physicians do support access to evidence-based complementary and alternative medicine treatments for treating chronic pain and payment policies that encourage such access.

However, the decision to set copayments at a specific level is a financial and structural decision made by insurance carriers to ensure that the most appropriate provider is delivering care for a patient's specific health care needs.

If the legislature requires copayments to be on par for chiropractors and primary care physicians, insurance companies may simply raise copayments for both types of visits. We have serious concerns about the impact this could have on patients seeking primary care services.

Primary care providers (PCPs) hold a unique role in the health care system to triage health care needs, recommend appropriate services for a patient and ensure continuity of care is maintained across a patient's entire health care profile. The State has worked hard to develop the concept of medical homes for children and families and has endorsed the central role of primary care practices in helping improve and change the way we deliver care to the people of Vermont through the Vermont Blueprint for Health. We applaud the work by insurance carriers to reduce or eliminate copayments for primary care services, even in plans with otherwise high out-of-pocket costs, and are concerned about any disincentive to this policy.

Alternatively, insurance companies could respond to the need to meet their budget by increasing other specialty care copayments, thereby limiting patient access to other providers who are a critical piece of the chronic pain puzzle, such as physical therapists and addiction medicine specialists.

Vermont law already requires health insurance plans to cover "clinically necessary health care services provided by a chiropractic physician" and charge co-payments, deductibles and co-insurance that are "no more restrictive than those applicable under the same policy to care or services provided by other health care providers but allowing for the management of the benefit consistent with variations in practice patterns and treatment modalities" 8 VSA § 4088a.

Any change to copayment policy should be reviewed in the context of access to the entire spectrum of care necessary to address the chronic pain and opioid dependency challenges and after hearing from insurance carriers on the impact that this change may have on their structure for patient out-of-pocket costs.