

Dear Sen. Ashe,

Our neighbors in New Hampshire passed similar legislation to the proposed language that Vermont is considering that would increase patients' access to chiropractic services by lowering patient out-of-pocket expenses. They achieved this by limiting chiropractic physician copays, deductibles and patient cost-sharing to no more than those for primary care physicians.

In consideration for the proposed language, NH contracted with Compass Health Analytics to assess the impact on the proposed legislation. Compass submitted the attached report December 12, 2014.

Compass concluded that:

- 1) Lower copayments levels resulted in increased utilization of chiropractic services.
- 2) Increased utilization of chiropractic services resulted in an overall increased cost but that cost was at least partially offset by lower non-chiropractic costs. In other words, chiropractic services at least partially substituted for other medical services.
- 3) Increased utilization of chiropractic services was directly related to decreased use of opioids
- 4) Chiropractic physicians effectively treat one of the most prevalent and costly (in direct and indirect costs) acute and chronic pain conditions in the US: Low back pain.
- 5) Interesting to note is that Compass assigned copays to three different levels in the study
Low copay level: \$0 up to \$10
Medium copay level: \$10 up to \$20
High copay level: greater than \$20
All chiropractic copays in Vermont Health Connect Standard plans currently would fall in the high copay level: \$20, \$25, \$50, Ded then \$85
- 6) From this study we can conclude that lower copayment levels for chiropractic services will increase utilization of chiropractic services and decrease utilization of opioids.

In November 2012, the Vermont Medical Society Foundation White Paper on "Safe and Effective Treatment of Chronic Pain in Vermont" was published. It outlined a couple key points that are pertinent to the proposed legislation:

- 1) Vermont PCPs are frustrated with having limited ability to treat chronic musculoskeletal conditions without opioids and need support from other providers offering non-opioid treatment options such as chiropractic physicians.
- 2) Chronic low back pain is a condition that has historically been commonly treated by PCPs with opioids.
- 3) Many PCPs blame health insurance company policies for driving opioid dependence for the treatment of chronic pain because they financially discourage (with high patient cost sharing) patients from seeking care from providers such as chiropractic physicians and encourage PCPs to prescribe opioids.
- 4) From this paper we can conclude that lowering patient cost sharing for chiropractic services would support PCPs being able to refer their patients to chiropractic services instead of being dependent upon opioids for musculoskeletal conditions.

This evidence suggests that the high copay levels in Vermont Health Connect are discouraging Vermonters from seeking treatment for musculoskeletal conditions from chiropractic physicians and

result in some of them unnecessarily being treated with opioids even though the chiropractic physicians are fully qualified to treat these conditions and primary care physicians want their patients to be treated by chiropractic physicians.

Thank you very much

Sincerely,

Dr. Erik W. Hemmett

President Vermont Chiropractic Association

American Chiropractic Association Vermont Delegate