



Memo: House Health Care Committee
From: Vermont Medical Society
Date: April 11, 2018
S.224 – Copayments for Chiropractors

Thank you for allowing VMS to speak to your committee today. While our member physicians support access to evidence-based complementary and alternative medicine treatments for treating chronic pain, and payment policies that encourage such access, the Vermont Medical Society is concerned that S.224, may have unintended consequences on access to primary care.

Primary care physicians are at the frontlines of the health care system in Vermont and play a critical role in triaging patient health care needs, including: providing care coordination, helping patients access counseling services, treatment services, transportation, negotiating referral processes and assisting with billing complications.

Through the Blueprint for Health and now the All-Payer Model, the state has worked hard to prioritize the central role of primary care practices in helping improve and change the way we deliver care to the people of Vermont. Insurance carriers have been willing partners in ensuring primary care accessibility, by reducing or eliminating copayments for primary care services, even in plans with otherwise high out-of-pocket costs, and have focused on primary care as the first priority for their insured lives.

As you know, when policies are passed that limit the amount that can be charged for specific health care services, it puts pressures on the entire health care system, as each plan must meet a federal actuarial value (AV). Vermont's health care plans are divided into four "metal levels" that correspond with these AV values and if one copay goes down, costs for other services in the plan must go up. Premiums often rise to meet the higher utilization of incentivized care or out-of-pocket costs for other services must be increased. We are concerned insurers will have to raise the copays of primary care services in order to meet the federal actuarial values and therefore dis-incentivize the use of primary care in the state of Vermont.

Alternatively, insurance carriers may respond to the need to meet AV limits by increasing other specialty care copayments, thereby limiting patient access to other providers who can be a critical piece of the chronic pain puzzle, such as addiction medicine specialists.

Both the Department of Vermont Health Access and the Joint Fiscal Office provided testimony to the Senate Finance Committee earlier this session acknowledging that this

policy will increase the cost to the health care system, although it is unclear by how much.

VMS urges the Committee to maintain the most affordable copay system for primary care services in order to encourage all Vermonters to start their health care journey with their PCP. Any change to copayment policy should be reviewed in the context of access to the entire spectrum of care necessary to address chronic pain and opioid dependency challenges and not in isolation. VMS also urges the Committee to get a clear understanding from the insurance carriers on the impact this policy may have on primary care, specifically for patient out-of-pocket costs.

Sincerely,

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