

My name is Dr. Julia McDaniel. I hold a Bachelor of Science in Nursing and Doctor of Chiropractic degree. My husband and I have been practicing in the Middlebury area since 1990. I am currently serving as the Vice President of the Vermont Chiropractic Association and am a past member of the Chiropractic Board of Examiners for 9 years.

I would like to start by saying thank you to Chair Senator Cummings and this committee for the opportunity to come speak to you today in favor of S.224.

Like all of you I am deeply concerned with the opioid epidemic in our state and am eager to be part of the solution. Over the past 28 years in practice we have seen numerous patients prescribed opioids for back and neck pain. As Dr. Hemmett said, S.224 takes a significant step toward decreasing the prevalence of opioid use by providing accessible non-opioid pain management in the form of affordable chiropractic care.

It is worth noting that when the rules for prescribing opioids in Vermont were changed, the following precautionary language was included in sections 4 and 4.1:

“Prior to writing a prescription for an opioid ...providers shall adhere to the following universal precautions, unless otherwise exempt by this rule:
Consider Non-Opioid and Non-Pharmacological Treatment
Prescribers shall consider non-opioid and non-pharmacological treatments for pain management and include any appropriate treatments in the patient’s medical record. Such treatments may include, but are not limited to:

- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Acetaminophen
- Acupuncture
- Osteopathic manipulative treatment
- Chiropractic
- Physical therapy

But there are barriers to Vermonters receiving this form of care. Yearly increases to chiropractic copays have created a financial barrier to non-opioid treatment here in Vermont. Currently the standard Silver level plan in the Vermont Health Exchange has a chiropractic copay of \$75 every visit, while the copay for a primary care physician is only \$25. In our office, we have patients on payment plans in order to cover their copays. Some patients decide to not start care when they learn they have a \$75 copay for care, while others start treatment, but then drop out due to financial constraints. In short, patients are increasingly unable to afford their copays and as a result are unable to either begin chiropractic treatment or complete a full course of care (anywhere from 6 to 14 or more visits, costing them up to approximately \$1000 in copays alone). As a result, patients are financially incentivized to seek opioids as a “cheaper to them” treatment option from their primary care physicians.

We can see clearly that repeated increases to chiropractic copays have made drug-free care inaccessible to a large portion of our neighbors. Dr. Hemmett highlighted how in New Hampshire there is a “statistically significant” relationship between cost and use of chiropractic care, and that chiropractic care is associated with decreased opioid use. Similarly, the Hurwitz studies out of North Carolina show that when it comes to treatment “mean charges were significantly greater for MD-only vs. DC-only care,” and that the results “showed low back pain episodes initiated with DCs cost 20% less than those initiated with physicians.” These studies go on to state that these findings are “consistent with findings from other population-based studies that have investigated the costs associated with low back pain management. Several studies have shown an association between chiropractic care and lower utilization of costly spine services such as all-class medications, diagnostic imaging, spinal injections, and surgery.” Further, “Incenting the use of DC care through patient copayment reductions may be one mechanism to curb the high utilization of specialty/referral care.”

But I ask you: how can an alternative to pain killers be a viable option if health insurance plans make the co-pay too high to realistically access the alternative or adhere to a reasonable treatment plan?

The answer is simple: it can't. Care that is prohibitively expensive is simply not an option, and S.224 will address this so that providers can follow opioid guidelines and patients can access the care they need when they need it.

We cannot afford to pretend that rising chiropractic copays are fair or acceptable, just as we cannot turn a blind eye to the fact that these disproportionately high copays are limiting patient access to care and driving Vermonters towards drug and opioid management for their pain. And perhaps most importantly, we cannot ignore that S.224 presents a reasonable solution in which Vermonters everywhere are able to benefit from affordable drug and opioid-free care by lowering chiropractic copays to that of the PCP.

S.224 will stem the absurdly rising costs of chiropractic copayments, and will set the stage for our neighbors to seek care that is safe, effective, and drug-free.