



Dear Chair Mullin,

I am writing on behalf of the Vermont Chiropractic Association (VCA) to object the rate filings submitted to the Green Mountain Care Board on February 20, 2019.

Act 7 (2018 Special Session), requires health insurance carriers to define a chiropractic co-pay to be within 125-150% of that of a primary care visit co-pay. While the increase lies within the parameters of Act 7, a chiropractic co-pay of \$50 or \$60 on some 2020 qualified plans is often more than the cost of the visit. This means that members of those plans have no insurance benefit for chiropractic services and the insurer has \$0 financial liability which is the reason Act 7 was drafted and passed initially.

In addition, I respectfully remind you of Title 8, Chapter 107 4088a: (also attached)

.....Health care services provided by chiropractic physicians may be subject to reasonable deductibles, co-payment and co-insurance amounts, fee or benefit limits, practice parameters, and utilization review consistent with any applicable regulations published by the Department of Financial Regulation; provided that any such amounts, limits, and review shall not function to direct treatment in a manner unfairly discriminative against chiropractic care, and collectively shall be 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 among different types of health care providers.....

Thank you for your attention to our opposition of the submitted rate filings. Please feel free to contact me with any questions.

Be well,

Aimee Koch
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