

Sharon Gutwin
February 26, 2019

I wish to add my voice to comments before the board.

1. I am in alignment with VCA comments on Co-pays. I emphasize the importance that member benefits not be undermined by co-pays (and co-insurance).
 - Treatments of rehabilitation (PT, OT, speech therapy and Chiropractic care) typically require a minimum of 8 visits to achieve outcomes. Multiply a copay of \$50 times 8 - \$400. This cost is too often a barrier to care – in part or whole.
 - Primary care visits are not 2X/wk over weeks. Spending \$50 once or twice a year, typical of an average patient, is not a barrier.
 - UVMHC has no copay for their PT offered to their employees. Why don't they? This is a good question to ask them. If there were a justifiable reason for a copay wouldn't UVMHC have one?
 - One obvious benefit to UVMHC having \$0 copay is competition. Private practices are forced under contract by BCBS to demand copays from patients which are unilaterally set by BCBS. I can accept any self-insured corporation setting their own benefits, but when that corporation is a huge medical provider themselves, there is a conflict of interest. I hope you see the ethical dilemma? The RehabGYM has encountered a significant number of UVMHC employees who would choose an outside provider if it were not for the added cost to them. Choice is a value in medical care not to be undermined.

2. I have not made any progress in getting the RehabGYM (and other private PT practices) accepted into OneCare. I have sent them a reminder of my interest.

I very much appreciate all the challenging work that the GMCB is working hard at and look forward to working on the Advisory Committee!

Respectfully,

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