

I watched the video conference on EHB (recorded on Jan 26th). I understand the public comment period ended a few days ago, but I hope the board would consider my perspective coming from one on the advisory committee. I had expected this topic to come up in our next meeting, but just saw you may be acting on this tomorrow.

You are aware I have worked with patients in preventative care of chronic disease, taking management a step farther than the CDC Self Management Program by a more active role in management of nutrition, exercise and behavioral modification. I was in the process of setting up a pilot study with BCBS before the pandemic sidelined the efforts. (Also...I am suspect that there was higher level management resistance to the project for unknown reasons.)

In the EHB report I see gym memberships, nutritional counseling and pre-diabetes as not essential but "additional considerations". As Tom Pelham articulated, diabetes is a huge expense to our health care system, along with the other chronic diseases. Over 70% of health care expenses go into treatment of preventable health conditions. We have yet to effectively reduce these costs. The CDC self management program is not the end, but the beginning to effective prevention.

If anything is essential it is prevention of chronic disease. I find it baffling that fertility benefits are considered essential which do nothing to cut costs (rather add costs) and almost no benefits are being considered which would treat our top killing diseases.

I am not in favor of paying for gym memberships void of medical direction as we have seen it offered by insurers and other payers for years with no substantial benefit to overall population health. Very few people battling chronic disease have success using exercise and nutrition classes without Medical direction and support. While a gym is valuable to include, medical management of exercise can be accomplished outside of a gym. Telemedicine allows for an effective chronic disease program. Zoom calls allow for group teaching and support.

I hope the board will consider a more robust, effective chronic care management program included in the EHB. I am willing to work with the stake holders to make this happen. I see a future where every Vermonter has access to this type of program and Vermont becomes a leader in true health care reform.

As always, I respect a your work and admire your efforts. Thanks for considering my suggestion.

sharon gutwin