

Retiree Health Plan Advisory Board (RHPAB)

Public Comment from June 2019

From: Chris Milles
Sent: Sunday, June 30, 2019 4:57 PM
To: Alaska Retiree Health Plan Advisory Board
Cc: rpea@alaska.net; sharonhoffbeck
Subject: Deductible/OOP Proposals

As a retiree on a fixed income, we do not favor changes to the plan that results in increases to the individual deductible or the OOP limits. We are strictly network provider users. We are in the lower 48 and have driven 60 plus miles each way to see a network provider. We research the available network providers in an effort to keep both our costs lower but the plan costs lower. Maybe there should be an incentive to those that use network providers over non network providers.

No change is the preferred option for deductibles and OOP.

From: Eric M
Sent: Friday, June 28, 2019 5:22 PM
To: Alaska Retiree Health Plan Advisory Board
Cc: sharonhoffbeck; Margaret Duggan
Subject: Division of Retirement & Benefit -- Proposed Plan Changes

Please note I have attached a Word document in which I have expressed my concerns with the proposed changes with the Retiree Health Plan. I am also including the text below in case the Word Document is stripped out of the email when it is sent. I will likely also send a separate email without the document attached so as to make sure that my comments come to you. I am hopeful that you will get this shortly and it will not be delayed..

To say I am concerned is putting it mildly.. I am appalled at the continued attack on our benefits by the State of AK in the name of improving the benefits. Just leave things alone and we will be fine.

Dear Sir Madame:

I have recently gone thru a portion of the February 6th 2019 Meeting Materials and discovered some proposed changes by the Division of Retirement & Benefits (DRB).

The changes proposed to our deductible will substantially impact my wife and I as we continue during retirement on a fixed income. I am not sure that DRB really understands that all of these changes that they are proposing will impact the health and well being of the retirees in the name of cost saving to the State of AK not the Retirees.

It is impossible timewise for me to go thru all of the meeting Materials that are posted on line. The volume of bogus changes to our health and dental plans is just too monumental. Some of the changes proposed are:

- Increased deductible
- Increasing he Copay for brand drugs.]
- Changes to the dental plan for implants.
- Changes to travel for medical purposes

The bottom line is that our previous plan before the State started tinkering with it was just fine. If the State is going to make changes which result in decrease in benefits, coverage, and increase our out of pocket expenses.... I am adamantly against it.

I don't know if the DRB gets it; but some kind of stability in our plan would really be nice. This continue process of changing things is a real pain. There is no way to know what is and what isn't going to be covered and how much; it is like a moving target every day. It is frustrating and I am tired of it.

It took me about two hours to get thru the February 6th proposed changes. There is so much to sift thru to get to what is being proposed. This whole process is like a freight train going 90 miles an hour destroying everything we had for benefits in the name of supposedly improving benefits. In my mind, at least, all it appears to be is a means for the State to avoid paying for what they agreed to 30 yrs. ago.

The Politicians and State Bureaucrats today don't remember the promises made long ago; ...only cost cutting measures to make things better for themselves today. I don't particularly care what other Health Plans look like across the country: The State of AK entered into a contract with the State Employees to provide the benefits as stated and agreed upon thirty years ago because that was the offset benefit for employees taking lower wages.... Now the State wishes to change the terms of the contract. I don't think that is fair nor legal.

There are times that I think I would have been better off to work for one of the Oil Companies on the slope and pocketed the money for the future instead of banking on the State keeping its promise to its employees to provide health insurance for its retirees.

From: Dave & Mary Wilts

Sent: Friday, June 28, 2019 6:03 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: Proposed changes to Retiree Deductible and OOP

I am writing this to address the proposed increase to the current deductible and out-of-pocket amounts for retirees. It is my understanding from reading the documents found in the February 6, 2019 meeting, that you are proposing one of two increases. Please see attachment.

I was a teacher with the Anchorage SD for many years, and I spent the last 6 years of my tenure as a coordinator for Fine Arts. I bring up this information because when I moved from a teaching position (a part of the AEA union) to the coordinator position (a part of the ACE union) my benefits changed. During those 6 years as a coordinator, ACE members saw a continued increase in our deductible and OOP expenses. We were told it was "just a step" to offset costs and that it would be minimal. This was not the case, and the increases continued and had a dramatic effect on my family's budget. Those increases look very similar to the chart attached. Because of these increases, I was making less in my final years as a coordinator. In other words, the increase equaled a cut in pay – my yearly minimal or zero increase on the salary scale never equaled the offset of medical expenses.

Retirees worked in the system with the knowledge that their retirement and insurance would sustain them through their post-employment years. That is what brought many of us to Alaska. We were willing to move to a more remote place to provide for a better future. Many of us moved across the

country, away from family, to live in a beautiful but dramatic climate with this in mind. I would say most have no regrets because Alaska is a wonderful place, but we were also counting on what they were promised. I do not use that word lightly, we were promised this.

As with many families, my husbands only insurance is through my retirement, and though we do not yet qualify for Medicare it is right around the corner. As do most Americans, both of us have health issues (one minor, one more considerable). We certainly work hard to keep our health, but genetics sometimes do the dirty work – just a fact of life with the cards you are dealt. Not trying to complain, just stating facts.

Should these proposed increases go through, it will have a devastating effect on our income. And, when Medicare does come through for us (one sooner than the other), it is my belief that it simply lets the State of Alaska off the hook for paying as a secondary in many cases.

Isn't that why we all worked so hard for this coverage? So, we could have insurance that helped us as we age? Please reconsider making these changes to the current health program. It will hurt the people it was supposed to help.

From: Roy Dudley

Sent: Thursday, June 27, 2019 12:28 PM

To: Alaska Retiree Health Plan Advisory Board

Subject: Proposed changes to Retiree Health Plan

I strongly object to the proposed change of increasing the yearly out-of-pocket deductible.

- An increase in the yearly out-of-pocket deductible would be a penalty on those who are healthy.
- An increase in the yearly out-of-pocket deductible is a financial burden on a limited retirement income.

From: Marla Larson

Sent: Wednesday, June 26, 2019 4:14 PM

To: Alaska Retiree Health Plan Advisory Board

Subject: Retirement benefits.

Dear RHPAB, Your great new ideas smell rottenly like "if you like your Dr. you can keep your Dr., or if you like your plan, you can keep your plan". We were NOT told that our plan would just end up somewhere in a unconcerned pocket of a money-grubbing insurance company whose only bottom line is profit. We were actually told that our plan WOULD NEVER Change. But you continually chip away at it until it becomes unrecognizable to us. What is the saying? DEATH BY A THOUSAND CUTS!

If you increase the deductible at what point does that increase stop? Even doubling the out-of-pocket would be more than I would have to pay with owing 20%. So this is financially a hardship on my family's finances.

My husband had an [REDACTED]. It was medically NECESSARY and we paid for almost the entire amount, plus Drs fees as well. Honestly, if we were faced with this again we wouldn't be able to pay the dental bills for this procedure. TOTALLY UNFAIR and not what we were promised and worked for. Our plans were supposed to be carried through in 2014 as we previously had and were set up to continue. But you are not being true to Alaska statute and retiree benefits.

You are not in keeping with state statutes and it is a hardship for retired teachers. This is an abominable retreat from what we have been promised and can live with

From: travis durnford

Sent: Wednesday, June 26, 2019 10:14 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: HEALTH CARE CHANGES

I'm writing to express my concern regarding changes to the health care plan. I am against removing dental implants from the medical part of our insurance and moving it to the dental plan. The dental plan is good for maintenance but it's very inadequate for a major issue. I was diagnosed with [REDACTED] and unfortunately, had to have surgery to correct it. As part of that, I needed an implant. It was part of my medical plan, not dental. If it was only covered by the dental plan, I would have had to pay thousands of dollars out of pocket. I don't have a problem with a slightly higher drug copay.

I'm also wondering how AK Div of Retirement Benefits informs us of these proposals? Maybe I've missed it somehow but if it weren't for RPEA, I would not know what's going on.

Sincerely,

Elizabeth Durnford

From: Greg Svendsen

Sent: Tuesday, June 25, 2019 4:14 PM

To: Alaska Retiree Health Plan Advisory Board

Subject: Dental plan

Not in favor of these changes.

From: D&M Dunaway

Sent: Monday, June 24, 2019 1:02 PM

To: Alaska Retiree Health Plan Advisory Board

Subject: Proposed Changes for health insurance for State Retirees

I understand that health care costs are increasing rapidly and I understand the State of Alaska is in a financial bind and needs to contain costs.

However, as a Tier 1 retiree, I must vigorously oppose the doubling of the medical deductible. This will be extremely burdensome on many of us.

I remind you that many retirees stayed with the state for the promise of good retirement benefits and often gave up far more lucrative opportunities elsewhere. Our commitment and dedication deserves compensation at this point in our lives.

Most of us could accommodate a very moderate increase to the deductible but not a doubling. Please rework your proposal.

Dental implants. I found myself pretty confused on the reasons DRB wants to make the changes. It looks to me that shifting some implant benefits to the medical side won't fully solve the supposed problem and may in fact perpetuate or worsen the coordination problem for those people who will ultimately

find themselves needing to access both dental AND medical insurance for a single injury. It sounds to me like DRB needs to do a better job of training their staff to coordinate benefits versus adding more burden and expense to we beneficiaries. Please reconsider this proposal and seek a more logical solution that minimizes burden and expense to retirees.

From: Diane Lewis
Sent: Monday, June 24, 2019 10:27 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Changes to dental plan

As a RPEA member...I wanted to strongly disagree with proposed change to the dental implant coverage. This change would be a serious detrimental change for myself, and would impact future dental choices at a time of life that it shouldn't. Please fight this change.

From: Terry or Freda McConnaughey
Sent: Monday, June 24, 2019 8:51 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject:

REGARDING THE \$16 CO-PAY BEING CONSIDERED BY THE BOARD FOR PRESCRIPTION DRUGS THAT ARE NOT ON OPTUMRX LIST OF PREFERRED DRUGS.....I FEEL THAT DOUBLING THE CO-PAY FOR THOSE DRUGS IS EXCESSIVE AND SHOULD NOT BE RAISED THAT DOLLAR AMOUNT. IF A RAISE IS NECESSARY, PLEASE MAKE IT AN AMOUNT LOWER THAT THE \$16.

From: Laura Lawrence
Sent: Saturday, June 22, 2019 3:57 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: RPEA HEALTH BENEFIT UPDATE

I received the email with the update regarding benefit changes DRB is considering and my input is as follows:

I worked for 30 YEARS for the State of Alaska for the medical benefit, I am NOT eligible for Medicare (do not have a secondary insurance because I don't have enough Federal credits) and I am and not able to return to the workforce. The deductible changing this much for me will be an un due hardship an I have planned on gaining the 100% coverage after my \$150.00 deductible was paid and finally when the \$800.00 out of pocket is paid. I see this as affecting me adversely especially due to the fact that this is and will be my only insurance, I DO have a medical necessity for life and have a 2 million dollar ceiling on that with the State. I keep bringing this up at the town hall tele-con meetings only to be told they are looking at raising the 2 million dollar ceiling however I know that is very doubtful to happen Please take my comments into consideration.

From: Debra Buzdor
Sent: Saturday, June 22, 2019 12:38 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: Retiree Medical Plan Changes

Please consider the fact that most retirees are on a fixed income, which we are unable to live on. Therefore we depend upon a partner or spouses income, medicare or possible other retirement income, such as I do with Airbnb and rent my cabin part time to make ends meet.

And increased deductible and increase in out of pocket maximum would be very difficult to budget for most of us. Consider the fact that most retirees are at the age where we need more doctor visits and more medication to stay healthy. Adding on to our medical expenses would make financial life pretty difficult.

I do believe that it was part of our original contract to provide medical coverage at the same level we had as employees, but it's already a scaled down plan.

Please DO NOT accept or make changes in these areas.

From: Carolyn Purdy

Sent: Saturday, June 22, 2019 12:15 PM

To: Alaska Retiree Health Plan Advisory Board

Subject: OptumRx

I do not like OptumRx. In 20 years of employment and 6 years of retirement I've have obtained a lot of medication. I've never been denied or frustrated by any other company we've had. They denied medication to ease pain in what turned out to be my husband's last week of life. Please get another company to administer our medication costs.

From: Michael Reuter

Sent: Saturday, June 22, 2019 11:55 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: Retire health plan

I don't think the out of pocket should be raised. Reasons are in good faith we retired with this \$800. Second some people will not be able to afford the increase so they won't go to a doctor when needed because they can't afford the out of pocket. Thank you

From: Linda Patrick

Sent: Saturday, June 22, 2019 11:02 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: Proposed changes to retire plan

We were guaranteed the current coverage when we retired. Unless there is an increase in the coverage, our present coverage should stand.

Costs for retirees don't go down. Added dollars for co-pay may mean going without for other needs and make quite a difference in daily living. For example: Three to four medications could mean \$12 - \$16 dollars monthly; an UBER ride to the doctor or hospital, half payment for the phone, etc.

Changes for members still employed could be a different issue. I only refer to retirees.

Thank you for this consideration. I'm sure there are more reasons than I brought up and I hope there are many contributions be other retirees.

From: Karen Capp

Sent: Saturday, June 22, 2019 10:28 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: Plan changes to my health care

Every single change being discussed with the State reduced retirees benefits. Why do we have to keep fighting for our rights?

From: Ruth .
Sent: Saturday, June 22, 2019 10:06 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: OptumRx

I'd like to provide some feedback on my personal experience with OptumRx and EGWP. I became Medicare-eligible 1/1/19 and was enrolled in Medicare as of 1/1/19. As you are aware the OptumRx program was also effective 1/1/19. For 5 months I reached out to representatives from OptumRx, AlaskaCare and Alaska DR&B multiple times trying to get someone to properly enroll me in OptumRx/EGWP and provide me with a correct prescription drug card. I was finally properly enrolled and received my prescription drug card in June, with a May effective start date. I was told that I could not be enrolled before May because I had to wait for the open enrollment period. What?? I didn't make the mistake...someone at one of those 3 agencies made the mistake. It is true that I received mail order prescriptions from OptumRx at no cost to me but I had to pay for prescriptions filled at my local pharmacy because the OptumRx records were wrong! The transition to OptumRx was anything but a smooth transition for me. In fact, it was a nightmare.

Now my latest challenge with OptumRx is to get them to update my prescriptions to that ordered by my doctor. The situation is that my doctor prescribed two different doses of the my prescription – one was to be taken 5 days a week and the other was to be taken 2 days per week. This resulted in my 90-day supply being 65 tabs of one dose and 15 tabs of the other dose. My doctor changed that prescription dosage in early May. I am now taking the same dosage every day so I should receive 90 tabs of the same dosage for a 90-day prescription. Not so according to OptumRx. I have contacted them and my doctor has contacted them twice. They are filling my 90-day prescription with 65 tabs. If it again takes 5 months for them to get this right, I will run out of the medication prescribed by my doctor.

Based on my personal experience, switching to OptumRx was one of the worst mistakes R&B has ever made for it's retirees.

From: Brenda Muller
Sent: Saturday, June 22, 2019 9:45 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Input regarding DRB proposed medical benefit changes

I want to thank you for looking out for retiree interests concerning DRB's proposed changes to our medical and dental benefits. I realize I am just one individual and you have to look out for the group as a whole with varying needs. But, I wanted to let you know that I am actually pretty thankful for and content with our current medical benefits. Basic preventative care for things such as immunizations and colonoscopy is something I wish was included. However, I believe preventative care is something that could potentially save the plan money in the long run. It would be nice if basic preventative care could perhaps be offered as a low cost option/addition to our current plan, but I would not want to see any benefits in our current plan diminished.

From: john_alaska
Sent: Saturday, June 22, 2019 9:43 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: RPEA BENEFITS

Leave retiree benefits alone. We have enough challenges getting on in age.

From: Kevin O'Sullivan

Sent: Saturday, June 22, 2019 9:10 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: Proposed changes to State of Alaska retiree health plans by the Division of Retirement and Benefits

My wife and I are PERS retirees and are writing you to express our deep concerns over possible changes in our dental coverage benefits being proposed by the Dunleavy Administration's Division of Retirement and Benefits.

We are aware of the Boards (RHPAB) frequent, ongoing meetings to review lists of possible changes to the retiree health plans that the Division of Retirement and Benefits (DRB) is providing you and asking for feedback.

Most recently requests by DBR for additions to the plan of benefits that have never been a part of the plan will result in a reduction or elimination in one of the existing plan benefits.

Examples of changes DRB is considering:

Increased yearly deductible

Implant coverage

The reason DRB gives for proposed changes has to do with third party administrators, Aetna for medical and Moda Health for dental, who are having a difficult time coordinating the benefits and this change would eliminate confusion making it easier for the third part administrators and DRB.

The reason that DRB gives for this proposed change collapses, though, because implants needed due to accident would remain under the medical plan, and if there is confusion, it would continue to exist. These actions appear once again to be taken to erode our retirement benefits as a cost saving measure for the State. Such a change will result in far fewer retirees being able to afford to receive current, best practices care when implants are needed due to periodontal disease.

Managing third party administrators and assuring that benefits are paid correctly is a DRB administrative function and should not impact retiree benefits.

Increased copay for some brand-named drugs:

Currently retirees pay an \$8.00 copay for brand named drugs, \$4.00 for generics and \$0 for mail order.

DRB has proposed a \$16.00 copay for brand named drugs that do not appear on the OptumRx preferred drug list, a list that is controlled by OptumRx, unless the retiree can establish medical necessity for a brand-named drug.

Again, what we see here is an attempt by the DBR to diminish benefits by doubling copay costs.

We respectfully ask the Board to hold the line on any of these proposed benefit changes and to see that our retirement benefits are not diminished or eliminated.

From: Mike Notar
Sent: Saturday, June 22, 2019 8:14 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: RHPAB Considerations...

I understand that you all are looking at modifications to the Retiree Plans. I am not interested in having Deductibles and Yearly Out-of-Pocket Limits increased in the Retiree Plan(s). This is not only a diminishment of benefits, it further diminishes retirees' incomes by perhaps having to pay more for services...

From: Carl and Roma Lehman
Sent: Saturday, June 22, 2019 6:29 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Changes to medical and dental health plans

Stop tinkering with these plans. The original was fine thank you. Continued changing will end in diminishment of coverage. For every carrot that you hold out there in a correspondent penalty. The ultimate goal for you is to be able to say that this is not the plan that was constitutionally agreed upon so now it's possible to do anything you want to do with it. Sneaky and reprehensible!

From: Nina Daley, Philip Cowan
Sent: Saturday, June 22, 2019 2:57 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: DRB proposed changes

While status quo would be my preference if change is inevitable let's try to make the changes less drastic. Doubling the out-of-pocket expense would really hurt many of the retired fish & game techs I know including me. Thank You for your efforts. Retired pers employee

From: Doug or Sandy
Sent: Friday, June 21, 2019 10:32 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: Re. <http://doa.alaska.gov/drbb/alaskacare/retiree/advisory.html>

I can't find the "You can access full lists at the Retiree Health Plan Advisory Board webpage:". please make the site or address go directly to the list or easier to find.

From: Mary Feltz
Sent: Friday, June 21, 2019 10:08 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Brand name drugs

Since most of my generics were small, white, round pills, and it was getting confusing when I sorted them, I requested brand names. You should also know that generic may not work as well as brand names. There was a recent study talked about on 60 Minutes that found that many generics were made in China and often weren't of the same quality as brand name.

From: D.J. Motley
Sent: Friday, June 21, 2019 2:56 PM

To: Alaska Retiree Health Plan Advisory Board

Subject: Retiree Prescriptions

I have certain conditions for which I am limited in the [REDACTED] medications that I can take; my doctors have advised [REDACTED] is the lowest level of prescription [REDACTED] medication I can take. However, the Division of Retirement and Benefits, along with OptumRX have been limiting the amount and frequency with which I can acquire my [REDACTED], because it is a Class 4 opioid..

The limitations that have been placed on my [REDACTED] cost me more money and time to acquire my medication. The limitation also make me plan/time my travel to fit the pharmacy's schedule as well as the length of time I can travel. I never had these issues with DRB or it's contracted pharmacy prior to OptumRX being the contracted pharmacy benefit manager.

This situation is untenable and an unreasonable burden/limitation on my retirement and my retirement benefits, as well as seeming to constitute a diminution of my retirement benefits.

Please address this situation to resolve the issues causing it.

From: Charles

Sent: Friday, June 21, 2019 2:23 PM

To: Alaska Retiree Health Plan Advisory Board

Subject: Needed benefit

Please work to get wellness programs like silver sneakers for retirees. Staying active is a vital source of health. This could cover community senior programs offered in our communities.

From: Kris H. Knaack

Sent: Thursday, June 20, 2019 1:08 PM

To: Alaska Retiree Health Plan Advisory Board

Cc: kris Knaack

Subject: Progressive Lenses

I just want to give important input into the need for updating the way glasses are currently covered. My wife and I both wear glasses. I have double coverage in the Alaska Care Program because of Retirement from both PERS and TRS. We pay over \$250.00 per month for the double DVA coverage.

We were unable to get progressive lenses covered. There was much confusion about the billing procedure that caused bad feelings between us and the doctors office. Some of the misinformation came from the State of Alaska DRB.

From my experience **progressive lenses are safer** than lenses with lines through them. Especially when doing work with power tools. **Please change are plan so that progressive lenses are covered.** Can you tell me if you have had many requests / concerns about the coverage of progressive lenses? I think it would be good to suggest that the Alaska Town Hall ask the question to listeners: Are you interested in having progressive lenses covered? Survey the Ak. Care beneficiaries.

From: Jeri Maxwell

Sent: Thursday, June 20, 2019 12:16 PM

To: DOA DRB Townhall

Cc: Alaska Retiree Health Plan Advisory Board I can not urge you enough to add Preventative Care to our

retirement healthcare. Finding out that a routine colonoscopy is not covered makes no sense to me. It's the elderly that need this and other preventive care. Without it being covered and with no family history, many retirees will not have this procedure done due to cost. This in the long run will add to our medical cost as preventive care is way cheaper than care for medical problems!

From: Megs Testarmata

Sent: Tuesday, June 11, 2019 6:01 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: comment tele-mental health

I understand you may not be reading this before your meeting on June 12, so I will try to find time to call in and provide this comment verbally as well. Thank you for your time volunteering on this board

June 11, 2019

Dear Retiree Health Plan Advisory Board,

I am writing to request that you help modify the benefit plan in regards to tele-health for mental health, or tele-therapy.

A professional in the mental health field in Anchorage informed me that legislation had passed in Alaska requiring that insurance cover benefits for tele-therapy. I was hoping to use that benefit to continue services with the same mental health professional when I moved away from Anchorage to a more remote location in Alaska.

I called Aetna to make sure the sessions would be covered. I was told only tele-therapy sessions with providers in a network called Arcadia are covered. In calling Arcadia, I was informed that only one person in their network, a male, was licensed for Alaska.

This current benefit is totally inadequate and financially inefficient. It requires members, such as me, to change to a new provider they have never met in person and to restart the process of building trust and a working relationship. By starting over with a new therapist, it cost the plan more overall to achieve the end result. The lack of choice in providers makes the plan totally inadequate. The plan should offer access to a variety of providers of both genders with various specialties and approaches. The plan should cover out of network providers (in this network of one) for reasonable and customary charges, as it does for medical benefits.

I ask you to look into this benefit and use your power to change the benefit so that members can work with the therapist of their choosing and have their therapy covered not only when they are in the city but also when they are located remotely and must use tele-therapy. It is more cost effective and more efficacious than changing therapist to this very inadequate network of Arcadia.

Thank you for volunteering to serve on this board.