

25+ Years of *Independent Practice* as Healthcare Providers for the People of Maine

April 10,2023

Re: LD 1383

Dear Senator Bailey, Representative Perry, & distinguished members of the Committee on Health Coverage, Insurance, & Financial Services,

I am a Nurse Practitioner who resides in Stetson and practices in Bangor. I am writing on behalf of the Maine Nurse Pracitioner Association (MNPA) to urge you to support LD 1383 'An Act to Regulate Insurance Carrier Prior Authorization Requirements for Physical and Occupational Therapy Services.' I have been working in Orthopedic Surgery Practices since 1998. Prior to that I worked as a registered nurse and cared for trauma, orthopedic, stroke, head injured, neurologically impaired, chronic & acute pain, and spinal cord injured patients.

MNPA supports access to timely, appropriate, high quality, and best practice care to promote the best health outcomes for our patients. I have personally seen patients with less than desirable outcomes when treatment such as physical therapy, occupational therapy, physiatry/rehabilitation treatment, or pain treatment is delayed or denied. Some conditions in orthopedics that are particularly time sensitive are arthrofibrosis (scarring), frozen shoulder, sports injury, total knee replacement, bone tumor, recurrent ankle sprain, fragility fracture, as well as stroke, chronic pain syndrome, amputee, & are more likely to have delay in diagnosis,hospital readmission or limited function. There are limited rehabilitation facilities and insurance has criteria for them. I had two patients that could have returned to work much sooner if chiropractic care had not been delayed. I have seen patients go to the emergency room for opioids as non-pharmacologic treatments were delayed/not approved.

Not every patient needs every form of service to get better, but patients suffer unnecessarily and can have negative, more costly outcomes with delayed care. It is also costly for provider or administrative staff time to do prior authorizations and cumbersome online follow-up communication, when we are just asking for standard care to treat our patients properly. It is costly and incovenient to the patient to go to multiple appointments instead of diagnosing the problem and starting treatment. There are best practices with treatment algorithms based on research that are used. Chronic pain and limited function cause suffering and use of limited societal resources as well as prevent people from returning to an active life.

We urge you to vote ought to pass on LD 1383 and appreciate your time in reading and considering this testimony. Please feel free to contact me if any questions as below.

Respectfully submitted,

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Kathleen Forti-Gallant
Maine Nurse Practitioner Association
LD 1383
written testimony only; not virtual or in person