

April 8, 2025

Senator Bailey, Chair  
Representative Mathieson, Chair  
Members, Joint Standing Committee on Health Coverage, Insurance and Financial Services

Re: LD 1152 – “*An Act to Expand the Right to Shop for Health Care Services*”

Senator Bailey, Representative Mathieson and members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

Thank you for the opportunity to provide information in support of LD 1152, “*An Act to Expand the Right to Shop for Health Care Services.*” This bill would allow an enrollee covered under a health plan to receive services from an out-of-network provider at a price that is the same or less than statewide averages. It also removes the limitation defining an out-of-network provider in Maine as one that it enrolled in the MaineCare program.

I am the owner of a private physical therapy practice in Augusta, Maine, and a physical therapist with over 25 years of experience. I have spent much of my career working in senior leadership roles for hospital-based outpatient clinics and have been grateful for the opportunity to open my own clinic in Augusta to provide quality health care to Mainers to meet the growing demand of many in our local communities.

In my region we just witnessed Inland Hospital close. This included physical therapy services. Maine General Hospital is also cutting services and began laying off providers this week. As a result, I expect a growing demand for services such as physical therapy. Unfortunately, this may not be affordable to patients who do not have out-of-network benefits or have higher copays or co-insurance costs because they are out-of-network to many of the outpatient clinics in the region. Affordable health care is paramount.

My clinic has been open for one and a half years and has focused on meeting patients’ needs both physically and financially. Over the course of my career, I have noticed reimbursements from commercial insurances dwindle. This is the primary reason cash-pay physical therapy clinics are a sweeping trend across the United States; these clinics cannot afford to stay afloat at the rates they are being offered. As an example, I was offered a flat rate of \$70 per patient visit by Cigna, which less than I receive from Medicare plans. This rate is not sustainable for a clinic that provides quality services, and with the growing need for physical therapy and other healthcare; it is more timely and necessary than ever to address this growing issue.

My clinic offers 60-minute, comprehensive, evaluations, and 30-minute follow up visits. Often times, patients remain in the clinic to perform therapy specific exercises. Based on feedback from several of my clients, and my previous experience working in hospital-based clinics, we offer better quality of care than the local, hospital-based physical therapy clinic. It's not just the quality of the care itself though, but also the provider-client relationship that fosters individual's health and recovery and encourages them to continue seeking necessary treatment and support when needed most. There is a perception that hospital-based physical therapy clinics offer superior service and therefore warrant different reimbursement models, however from my professional experience in Maine and Colorado in both hospital and private clinic settings, I can attest that private clinics offer equal to or arguably better service than many hospital-based providers.

I believe this bill offers a reasonable solution to growing issues around accessibility to quality care. It allows patients to receive physical therapy services at in-network benefits at no additional cost to insurance companies. Quite frankly, this is a mutually beneficial solution that would only serve to benefit providers and patients without imposing negative consequences or fiscal impacts on insurances.

Please feel free to contact me during your deliberation on this bill and I would be happy to provide additional information in support of this bill.



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