



Testimony in Support of

LD 1512, An Act to Protect Patients from Health Care Discrimination and Guarantee Access to the Lowest Available Cost for Care

Senator Bailey, Representative Mathieson and Honorable Members of the HCIFS Committee:

My name is Gwen Simons. I am a physical therapist and healthcare lawyer in Scarborough and the lobbyist for the Maine Chapter of the American Physical Therapy Association ("MEAPTA"). The Maine APTA represents over 2500 physical therapists (PTs) and physical therapist assistants (PTAs) in Maine.

MEAPTA's PT members work in hospitals and private practices. The hospital association will provide comments on how this bill affects hospital PTs. MEAPTA's position is about how it affects our independent private practices who do not have tax-exempt status.

First, MEAPTA is not opposed to Section 3 of the bill that requires a health care entity to disclose discounted price options. We believe private practices are already doing this (negating the need for a law requiring it).

We are, however, opposed to other requirements in the bill. Specifically:

- Section 2 – the prohibition on denying care based on a "determination or assumption" about the patient's "insured status or method of payment" is vague and seems to imply that the provider cannot (or should not) ask about how the patient intends to pay or refuse care if the patient has no method of payment.
- Section 4 – this section requires the patient to bill all responsible parties within 30 days of providing the service. It is not unusual for providers to take longer than 30 days to submit bills to government and commercial carriers. Insurance billing is complicated when there are secondary payers or the patient does not provide correct and complete information about the responsible payer. That's why payer timely filing deadlines are much longer than 30 days. Also, we also don't understand the requirement to provide an itemized bill for "a health care service or treatment provided in conjunction with the scheduled health care service or treatment by another entity" in the context of private practices where providers in different businesses might be working together to coordinate care.
- Section 5 – this section limits the private practice PT provider from charging more than Medicare or their lowest insurance contract rate to a person who is "uninsured."
 - First, the definition of "uninsured" in the context of PT benefits is a question. What if the patient can afford to pay for their services but chooses not to buy insurance or Medicare Part B coverage? What if the patient gets their coverage through a health sharing plan that is technically *not* insurance? Do they get the benefit of the predatory

fee schedule that a monopoly health plan was able to force on the small private practitioner? If the patient has used all their insurance benefits but needs more PT, are the additional visits considered "uninsured" visits?

- Second, Medicare and commercial reimbursement to private practices has not increased in 20+ years and does not reflect current market rates or provider costs. If you are going to pass a law that requires providers to accept the lowest reimbursed rate for every uninsured patient whether they can afford to pay for their services or not, you should pass a law to require private practices to be fairly paid by commercial insurers, including annual increases in their rates to cover inflation.
- Lastly, we are concerned that Section 5 and Section 2 read together implies that private practitioners are *required* to see every patient regardless of their ability to pay or payment source *and accept below market payment rates even if* the provider is out of network and not accepting Medicare. Private practitioners are increasingly having to go out of network and/or drop Medicare because they can't stay in business at such low reimbursement rates. These out of network providers should *not* be forced to accept the below market payment rates that necessitated them going out of network to begin with.

For these reasons, we urge you to vote "Ought Not To Pass" on LD 1512. If you need any additional information, please feel free to contact me.

Respectfully,

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