

To: Maine Legislature - Committee on Health Coverage, Insurance & Financial Services

Date: Hearing Date April 22, 2021 Re: Testimony on LD 566

To: Senator Sanborn, Representative Tepler and Honorable Members of the HCIFS committee.

My name is Dr. Zev Myerowitz. I serve as vice-president of the Maine Chiropractic Association and I am the Director of Health Services at Cape Integrative Health (CIH), a 13 provider group located in Cape Elizabeth, ME where I additionally reside. My testimony today is in support of LD 556

As the director of a medical facility overseeing both chiropractic and primary care services, the discrepancy in reimbursement is quite astonishing. I have seen plans that have a \$100 chiropractic copay, but a \$20 copay if the same exam was performed by a PCP in our office. Our chiropractic staff often serve as the initial point of contact to evaluate and manage a patient's complaint. While these are typically musculoskeletal, occasionally they are not. While we are often the appropriate provider in managing conditions ourselves, many of these patients require referrals to various medical specialties. The patient may require other services such as radiographic exams, advanced imaging, or lab testing prior to making a referral which we appropriately perform, diagnose, and then and then refer. I would only follow up should the patient not respond to that provider's plan of care or the specialist's findings warranted further referral.

If I happen to be the treating provider there is additional financial discrimination. A common insurer's practice is to group procedures I perform as "physical therapy codes" despite those CPT codes being designated by the AMA as non-profession specific. That patient's visit is often subject to their chiropractic copay, as well as an additional physical therapy coinsurance or going straight to deductible in the same office visit despite being performed solely by a chiropractor. These insurance practices will often additionally utilize both a chiropractic and a physical therapy visit despite being only one encounter with only one provider.

These financial restrictions prevent access to care. When patient's can only afford to see their primary, they are more likely to end up with a medication as as a an opioid prescription. Our administration and the people of Maine have declared war on the opioid epidemic and other's will testify today that we are a clear evidence based option, the science cannot be ignored. Chiropractors are a mandated direct access portal of entry provider in the state of Maine, yet this discrimination prevents us from serving in that capacity due to the financial discrimination acting as a barrier to care.

Unfortunately the need for this bill has precedence. In Maine's 127th LD 978 prevented anti-discrimination coverage practices for chiropractic in Maine by removing discriminatory practices that would exclude chiropractor from performing in-scope services otherwise covered by other professions. Today LD 556 further protects the patient by requiring insurers to actually insure their policy holders when it comes to already mandated chiropractic coverage.

I please ask you to vote "Ought to Pass on LD 56". I'm happy to answer any questions you may have at this time.

Respectfully Submitted,

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