

4-22-2021

To: Members of the Joint Standing Health Coverage, Insurance and Financial Services Committee

Re: **LD 556**, An Act Regarding Copayment and Coinsurance Issues for Chiropractors

Dear Members of the Committee,

Thank you Senator Sanborn, Representative Tepler, and esteemed members of the joint standing committee on Health Coverage, Insurance and Financial Services. My name is Dr. Daniel Myerowitz. I am a resident of Holden and a lifelong resident of the State of Maine. I am a third generation Chiropractic Physician, and I am now in my twelfth year of practice. I am President of the Maine Chiropractic Association and will be testifying on behalf of our members and my patients strongly **in favor of LD 556**.

LD 556 seeks to create a level playing field in which your constituents are no longer penalized for choosing a highly effective, low cost, and drug free form of health care. This bill seeks to do what many self-insured plans, including the University of Maine system, have already done, which is to open greater access to chiropractic treatment for those in need. This bill will not change how much a chiropractic physician is reimbursed, our scope of practice, or what particular services are covered. This bill only serves to expand access to a greater percentage of people in our state by correcting an imbalance.

Insurance contracts with providers assign a “negotiated amount” for the service being rendered along with a co-pay for that service. Co-pays are generally categorized as either “primary care” or “specialist.” Chiropractic is unique in that we fall under the “specialist” category despite being exceptionally low cost per visit but requiring more visits per case as we are truly a hands on profession. As I’m sure you can imagine, the “specialist” category is intended more for a neurologist, rheumatologist, orthopedist, or other specialty care where there will likely be only one or two visits and then either drugs or surgery. Due to this distinction we are now routinely seeing co-pays being assigned to chiropractic services that exceed the contractual reimbursement rate for that service. Imagine the following common scenario for patient care:

- \$50 office charge for a chiropractic manipulation
- \$42 insurance contractual allowed charge
- \$50 specialist co-pay

In this situation the patient would fully pay the \$42 charge while the insurer has no financial liability at all. This is far more common than you would expect. Even the current State of Maine employee insurance plan has a specialist co-pay exceeding the insurer’s allowed amount for the main service provided by chiropractic physicians. This is an illusion of coverage for the patient. Some plans have further shifted costs onto their members by then separating any additional services provided by a chiropractic physician into other categories, such as imaging, physical therapy, or acupuncture and applying separate co-pays and deductibles. This needs to end.

Passing this bill will have another unintentional benefit. Despite our many efforts to combat the opioid crisis in Maine, the situation has only continued to worsen. Chiropractic physicians are portal of entry (direct access—no referral needed) doctoral level health care providers with the ability to fully examine, diagnose, order and/or perform appropriate diagnostic imaging and lab tests all without the need for drugs or surgery. We do not prescribe drugs, so it is impossible for a patient to directly develop an addiction to pain medications by utilizing our services. This was recently observed in a study published in 2019 demonstrating a 90% reduction in both early and long term opioid use when a person sees a chiropractic physician as their first point of contact for low back pain.¹

For the vast majority of the conditions we treat we are the only provider for that issue. We are often the first and only point of contact and as such should be assigned a co-pay equal to the primary care co-pay in insurance plans to remove this barrier to access. Patients should not be penalized by choosing specific providers in their network. LD 556 seeks to end this discriminatory practice by promoting equality in health care access.

I greatly encourage you all to vote **ought to pass** on LD 556.

Sincerely,

Daniel Myerowitz D.C., Dipl. Ac. (AACA)
President, Maine Chiropractic Association

¹ *Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use*

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