

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 Karen Smalley. I just moved to Cape Elizabeth at the end 2020. I work at Cape Integrative Health but my testimony today is as a patient. I am in support of LD 556.

I've recently relocated to Maine to be closer to my family and upon doing so my husband and I got new insurance. We have always been Anthem Blue Cross/Blue Shield policy holders, but I am really concerned with the differences in coverage for the plans in this state. My plan isn't self-funded and follows state mandates.

I love my primary, but I also love my chiropractor. They are my first points of contact for most things I need. I think of them equally as my portal of entry providers, one for my muscles, body, and pain. The other for my heart, lungs and when I'm sick.

When I see my primary for my annual I pay no fee. I also have a very low copay for any office visit I need outside of my annual, but my chiropractic visits cover very little even though I have a \$25 chiropractic copay. My last visit after insurance adjustments was \$119.56 but instead of my \$25 copay, Anthem said some of the stretching and exercises I did with the chiropractor to fix my low back was "physical therapy" even though I never saw a physical therapist. I called later and they told me I had used up both a physical therapy and chiropractic visit for that one appointment even though I never saw a physical therapist and my bill never said I saw one. I was responsible for about \$95 of the visit. That feels to me like my insurance is lying. The cost is ok if I need a simple fix but sometimes it can take several visits if I do something severe to completely resolve the issue. It seems like they're punishing me to see the chiropractor rather than take a drug. I don't understand why I have both a copay as well as a coinsurances that go to a deductible for the services I need even though my plans says I only have a copay. I get the run-around when I call in and ask about my bill, but when I call the number on my card to verify my benefits they keep saying I have a \$25 copay. This is wrong and I think everyone on this committee should know this is happening here in Maine.

I please ask you to vote "Ought to Pass on LD 556".

Sincerely,

Karen Smalley
Cape Elizabeth, ME