

4-1-2021

To: Members of the Joint Standing Health and Human Services Committee

Re: LD 376 Resolve, To Increase Certain Chiropractic Reimbursement Rates under the MaineCare Program

Dear Members of the Committee,

Thank you Senator Claxton, Representative Meyer, and esteemed members of the joint standing committee on Health and Human 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 Chiropractor, 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 my patients in favor of this bill, which was passed by the 128<sup>th</sup> and 129<sup>th</sup> legislatures before ultimately being left unfunded by appropriations due to other priorities.

Few can deny there is a growing shortage of health care providers in the State of Maine. The vast majority of the state qualifies as being federally underserved. There are currently over 300 licensed Chiropractors in Maine, all with the training and ability to diagnose and treat a tremendous variety of physical and musculoskeletal conditions. Some say our population is underserved, I say Chiropractic is underutilized.

I have spoken with many of my colleagues about the MaineCare program, and the majority of them tell me they would be interested in joining as a provider but cannot do it because the reimbursement rates are so low. It is simply untenable to run a practice with a high population in the MaineCare program at the current reimbursement rates. Without a much needed, and now twice approved but unfunded, increase in reimbursement, I find this unlikely to change. Without a reimbursement increase, hundreds of portal-of-entry trained doctorate level providers will continue to sit on the sidelines, their services unavailable to your constituents, solely because of legislated economics. For those concerned about cost, Chiropractic is lower cost care than walk-in or urgent care facilities with a track record of significant decrease in patients' need for drugs and surgery.

Another perhaps overlooked symptom of low reimbursement rates is when a doctor retires from rural parts of our state, there is little demand by younger doctors to come in and take over the practice. I would expect this trend to continue without some significant changes. Northern and eastern Maine are in crisis. I can personally attest to this. I have many patients that drive 2 hours round trip to my office since there are few doctors accepting MaineCare closer to them, or their Chiropractor has retired and closed their practice. Since MaineCare reimburses its members for travel, this has created a situation where the member is actually reimbursed for their mileage more than the office is reimbursed for the service. At a rate of \$.41 per laden mile, a round trip of 48 miles yields the member reimbursement of \$19.68. Round trip to my office from Machias is 160 miles, or roughly \$65.60 reimbursement to the member.

Currently, MaineCare reimbursement (\$19.40) is roughly half of the allowed rate for Medicare

for the 98941 spinal adjustment (3-4 region Chiropractic Manipulative Therapy), which is already up to 40% less than some private insurance carriers. The last time this reimbursement was increased I was in sixth grade, Bill Clinton was President, and Michael Jordan was leading the Chicago Bulls to the NBA Championship. According to the United States Bureau of Labor Statistics inflation calculator, if the rates from the last increase were indexed to inflation, the current reimbursement levels would be 50% higher today (around \$30). From an economic standpoint, this bill is long overdue.

There is a tremendous opportunity here to help rectify two different challenges:

- 1) Passing this bill will incentivize my colleagues to participate in MaineCare, which will immediately provide relief to the current strain on primary care providers by offering another option for musculoskeletal conditions.
- 2) This bill will indirectly address the opiate addiction crisis we are facing by providing an avenue to direct access, low-cost, and drug free care. Chiropractic has been notoriously a drug free form of health care since its inception. The best way to prevent addiction is to never use the substance in the first place.

LD 376 is long overdue, and is overall a minimal change in a much larger system that stands to yield the state tremendous rewards.

Sincerely,

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