

In support of House Bill 1465

Good morning Chairman and Committee Members. My name is April Mettler. I received my Doctor of Physical Therapy degree from the University of Mary in 2008 and have been a private practice owner in Bismarck for the last 10 years. We employ 6 physical therapists and serve nearly 750 new patients every year.

In the start of my entrepreneurial career, I was a one woman show; I did patient care, answered phones, verified insurance, and manually billed for every service rendered within my facility. I have a thorough understanding and have studied the ins and outs of billing, coding, and reimbursement and have witnessed the changes and increased borders placed on private practices or “out of network” health care businesses in the 10-year progression. With each year, we have increased restrictions, increased rules, and increased limitations or “hoops to jump through” in an attempt to provide our patients with covered health services.

What is the importance of “patient choice” or ability to transcend networks for multiple healthcare options? In my 10 years as a private practice owner, I can tell you that patient choice is not only important, but also crucial in the reception of optimal care for many of our patients. A vast majority of the patients seen in my clinic that come with insurance that does not allow “out of network” benefits simply do not receive care. The cost associated with coming to see us out of network is far too large and many come in in hopes that a couple of visits will give them enough treatment and know-how to manage things independently. As in any rehab, a couple visits does not treat the problem. These patients do not leave us to go someplace else; they simply do not find alternative care or get lost in the healthcare shuffle. A commonality we see with these patients like most, is most of them do not fully comprehend their insurance benefits or limitations. Employees take the least expensive plan without understanding what it means in its entirety; we are all guilty of that on some level. It’s insurance. It’s complicated. It is not until the patient experiences a severe pain exacerbation, injury, or pregnancy induced pain they discover there is no way for them to receive benefits outside of a large network to utilize their insurance benefits. At this point, it is too late. As we know, changes to the plan cannot be made until the next calendar year and the patient is left with the choice to simply pay out of pocket or leave their symptoms unaddressed. Often, these small issues then develop into greater disability and a higher risk of continued re-injury or possibly pharmaceutical intervention with the known risk of pain med addictions.

Logistically, our out of network clinic offers extended hours of service seeing patients from 7:00 AM-6:30 PM most days of the week; a large benefit to working patients when compared to larger entities. Time out of work is money out of the pocket and creates another barrier for patients to access needed healthcare. The number of clinicians such as myself with board certifications in specialized forms of PT are found predominantly in independent practices across the state, not larger institutions. To say all practices and practitioners are the same is not an accurate statement when comparing the impressive credentials of practice owners and their employees across this great state along with their patient centric benefits in providing care. It is not something that should be denied to anyone that wants to explore it.

In summary, if a patient needs a pelvic health expert at 7 am on a Tuesday for physical therapy, insurance should not be the deciding factor on whether care is rendered, and benefits are received.

Dr. April Mettler, PT, WCS