

Good morning. My name is April Mettler and I am here today in support of Bill 1416 as a health care provider, business owner, and a mother to three; this is the Patient's Choice Bill.

Purpose and passion are two of the cornerstones of my private outpatient physical therapy clinic, CC's Physical Therapy located here in Bismarck. These elements are engrained in the decisions made in all facets of my life and career to benefit not only my own life's well-being but more importantly my patients and family around me. The Patient's Choice bill in discussion today, if passed, will continue to protect our patients and communities from narrow networks, foster a medical community of competitors for excellence, and reduce the risk of higher long term health care costs.

In our practice, addressing physical concerns lies on the forefront of our daily operations. We have made a stake in the industry as the trend setters pushing our profession into higher standards of care and formulating what we like to call PT 2.0. As part of that, our core values are focused on our patients: providing them with excellence, focusing on their personal goals, advocating and assisting in their health care decisions and as we call it "we will change your mind". We are open late, we are open early. We base business decisions with patients' best interests in mind working tirelessly to ensure their needs are addressed in a timely fashion and all necessary information to have their services covered by insurance is completed prior to their visit. The prevalence of narrow network insurance plans presented by our patients has increased significantly over my 12 years of private practice, limiting access to those they said they could "get a referral for". As patients and employers continue to look for ways to save money on escalating out of pocket health care premiums and costs, the eye-catching lights of "lower premiums" is often the driving decision for the patient or employer when selecting their health care plans. It often isn't until these narrow network members call to seek our services they discover their lack of *any* out of network coverage or what "no out of network coverage" really implies. Our opposition to this bill will state that most doctors, upwards of 90%, are accessible through narrow network plans. But in further evaluation, this is only true when looking at the state as a whole and not the focused areas of the state where the plans in question can be offered. How many of us in this room have read their insurance coverage fine print or 135 page manual of coverages and rules in language only known by the authors themselves? This leaves these prospective patients with 3 options: pay out of pocket with no application to their health coverage cost share, attempt to go elsewhere within the narrow network to receive the same skilled services, or not receive coverage at all. Most patients, choose the option of no services rendered due to the inability to find what we offer or simply cannot afford all of the out of pocket expenses associated with cash pay when they already are paying health coverage premiums. Another option, these patients choose the "easy" way out seeking pain management through medications/narcotics to cope with their symptoms as these "services" are covered by their narrow network. Take the 27 year old with debilitating and severe pelvic pain living on her own working a full time job with hours 8-430 Mon-Fri on the outskirts of town that took the narrow network health plan offered by her employer. Our out of network facility is open at 7, provides advanced manual interventions intended specifically for her condition, and has an established relationship with the patient from successfully treated conditions fixed under her parent's health plan at the age of 25. She cannot afford to pay out of

pocket costs and therefore opts for medicating her symptoms that will most likely progress into more severe symptoms leaving her unable to work and a long road of progressive disability due to her condition that could have easily been treated with conservative care in my clinic. My patient doesn't need narcotics or to be on disability. She needs a health care plan that allows her to make her own choice on her place of services.

As a business owner and employer of 13, I have always offered a mid-grade, more expensive open market health care plan in our company to ensure my employees and their families if ever faced with serious medical conditions have the freedom to seek out their choice of healthcare options no matter the distance they desire to travel or where they see the best fit for their care. The importance of this decision came to a head in my own family as we were faced with difficult medical decisions in the care of my second son at the age of 6 months old. Blake was diagnosed with idiopathic hydrocephalus after a 6 month well check gone wrong. Essentially, based on MRI and presentation of symptoms, no one could understand the reason for the sudden onset of excessive cerebrospinal fluid encompassing his brain creating immense pressure on his skull and brain drastically enlarging his head in what felt like a time span of overnight. Asymptomatic hydrocephalus in a child at six months of age lead to prompt discussion and immediate referrals for treatment options that inevitably we got to choose for our child. With the brain, time is a critical factor as once visible signs of damage are observed, the damages are permanent. Brain damage is essentially irreversible. We didn't know how much time we had before the possibility of permanent changes in our child's life would occur. We didn't have time to mess with insurance. We needed to act with vigor and intensity with only our son's best outcomes in mind. In our case, one facility gave us the option of putting a shunt in my child's brain; a shunt he would have to deal with and manage his entire life. The other facility gave us the option of simply "re plumbing" his brain with no down time or lifelong management. Naturally, we CHOSE the physician that had the most confidence and expertise in his treatment plan with no long term ramifications. Choices. We made a medical decision for our child not based on insurance limitations but rather chose the option that we felt best suited us and what we hoped for his life. Had I been an employer trying to cut costs and provide the "cheapest" health care option, we could be living in a much different situation for him and I'm thankful I don't have to think about those decisions anymore.

Members of the committee. I urge you to think about your own medical choice. Do you feel confident the best provider for any condition that could arise in your lifetime or the lives of your family members would always be available in a narrow network plan? Could you rest assured that when faced with a medical crisis the best hands are readily available to serve you with the best in modern practice?

Support Bill 1416 and rest easy that the choice of your medical decisions will continue to be in your hands.

