Testimony of Dr. Doug Broman

Legislative Committee Chair, Minnesota Chiropractic Association

Commerce Finance and Policy Committee Hearing

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Good morning Mr. Chair and members of the committee. My name is Dr. Doug Broman and I am the Legislative Chair and member of the Insurance Committee Chair and Past-President of the Minnesota Chiropractic Association and a practicing doctor of chiropractic in Maple Grove.

(Provide your background briefly – How long have you been in practice etc).

On behalf of our organization, I thank you for providing me with an opportunity to testify on House File 1936.

As Representative Kotyza-Witthuhn mentioned, this bill is about three things: continuity of care, transparency, and business planning.

First and foremost, HF 1936 protects patients from disruption in their treatment. When a consumer elects coverage under a health plan, they are presented with a network of providers that they can access under that plan. From that network, they then select a provider that fits their unique needs and in consultation with that provider they begin a treatment plan. All these decisions are made with a reasonable expectation that the patient’s choice will be respected, and that they will be able to complete their treatment plan with that provider. Any decision made by a health plan to terminate a contract and remove a provider from the network undermines that patient-doctor relationship.

Recently, a network in Minnesota informed many practitioners that they would be terminated without cause by the end of 2021. These doctors had just over 3 months notice to prepare and plan for a revenue decrease. For many practitioners on the state, this could equate to 20-30% or more of annual revenue. Ultimately affecting their ability to conduct business or retain staff. Our estimation is that at least 100 providers were impacted. More importantly, this caused many patients to lose their provider, who they may have had long relationships. This decision, and similar decisions made by health plans, directly impact a patient’s access to care and forces them with the decision to pay out of pocket for necessary services or seek out a new provider and initiate a new treatment plan.

Because these decisions are sometimes made without cause, a provider has no means by which to protest. As a member of the Insurance Committee for the MCA, when the cut was made to the network last fall, we inquired about the cause for the termination, but was given only minimal insight about the decision-making process and under current law, they have no responsibility to provide any further explanation. HF1936 requires that an appeals process be made available to the provider, bringing greater transparency to the provider contracting process.

Lastly, HF1936 enables providers to plan for their business. In the case of chiropractic, most doctors operate in small private practices. They enroll in a health plan’s network and plan for their business year based on the conditions of those contracts. A termination of a contract without cause, regardless of the size of the contract, is a major disruption to a small business. In a time where small businesses and health care providers are already facing so many uncertainties, HF1936 would grant them some assurances when entering into a contract with a health plan.

Mr. Chair and members of the committee, I urge you to support this bill and help bring transparency and fairness to health plan contracting. Thank you for your time and I welcome any questions.