

Testimony of Matt Niswander
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Subcommittee on Health
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Chairman Buchanan, Ranking Member Doggett and members of the subcommittee. My name is Matt Niswander from Lawrenceburg, TN. I am a first-generation cattleman, a family Nurse Practitioner, and the owner of Niswander Family Medicine. I am here to highlight the difficulties and struggles that the farmers and ranchers, small business owners, healthcare workers, and middle-class families like mine encounter everyday pertaining to the cost of high quality individual health insurance, how our small businesses are struggling with the cost of providing insurance to our employees, and how increased operating costs are making it a struggle to continue to take care of our communities.

I have the honor and the responsibility of supporting 9 families as employees of my medical practice. Last year we celebrated as one of my nurses found out she was expecting her 3rd child. Her and her husband decided to check on insurance through the marketplace and found that they could get a bronze policy coverage plan for their family for \$150 per month, but with a \$14,000 deductible. Her husband owns a small dirt excavating business and has no option for coverage through an employer, and we did not offer employee coverage at the time, so we decided to check on the cost of providing that benefit to all our employees. To cover just our employees and not their families it was going to cost our office \$34,000 a year for a plan that our employees would pay around \$350 per month for with a \$12,000 deductible. If we decided to cover our employees and their families my business cost skyrocketed to \$140,000 for the same plan coverage. Here I am running a medical practice and I cannot even offer medical benefits to my employees because of the cost. How is a small business supposed to budget for those ridiculously high prices? And even if I could afford to offer my employees insurance benefits, why would I want to pay for something that is going to cost them \$350 per month and \$12,000 annually before their benefits even start. At this point my employee decided to sign up for the marketplace insurance at \$150 per month and with a \$14,000 deductible. She then paid \$250 at every appointment with her OBGYN during her pregnancy, and then \$1800 immediately after delivery. For a total of over \$4000 and a \$14,000 deductible that was never met. You will be happy to know the mother and baby are doing just fine, but their budget is not. The father has recently decided to become a firefighter to gain access to affordable, quality insurance through his eventual employer.

The cost to operate small businesses like mine have increased substantially in the last few years. Not only have the cost of basic supplies increase 3-fold compared to pre-pandemic prices, but supplies have even been unavailable at times. Before 2019 we bought gloves for \$10 a box. That same box of gloves is now \$30. How can we continue to afford those price increases? We provide healthcare to almost all available insurance plans in our area. The problem is that we have no bargaining power concerning the payments from these insurance companies, and payments from them have remained the same even as our expenses have

skyrocketed. Also, reimbursements from federal insurance plans are almost always lower than those from commercial insurance plans. We have seen many of our uninsured and Affordable Care Act covered families struggle with the decision to make a house payment and buy groceries versus taking care of the uncontrolled Diabetes and high blood pressure that require an office visit and prescription medication. As the cost of living and stress, especially for healthcare workers, increased exponentially during the COVID-19 pandemic, my employees needed and deserved raises that we gave them during this time. But due to the economic stresses we had to carefully weigh the viability of our practice with increased expenses and the same amount of income. Instead of increasing our prices we are getting creative and trying to rent out space in our office for other medical professionals to practice and offset our expenses slightly, but mostly we just take the loss ourselves to continue to support our employees and our community. I don't know how many medical offices have or can continue to absorb the increase costs like we have, but I do know hospitals and medical practices in towns all over rural America are closing and new medical providers are not filling those gaps for the families in those communities.

Every problem has a solution, even if it isn't the solution you initially wanted. The ACA may have wanted to provide high quality, affordable insurance plans for Americans, but in rural America, working class families are not seeing that. The families in rural towns are getting older, have lower incomes and budgets that can't include healthcare, and have less access to primary care providers and specialists than ever before. With less than 10% of medical providers choosing to practice in rural areas due to a more complicated, aging patient population covered by Medicare and Medicaid with lower reimbursement rates, access to those providers is only expected to get worse. Maybe the ACA has decreased the number of uninsured individuals in America, but how do you expect people to use insurance that is going to make them pay more than \$14,000 annually before it ever helps them out. And if they decide to use that coverage, rural Americans are having to travel farther, wait longer, and require more extensive care than ever before, straining the healthcare system even more. Benefits attract the best talent, but how can businesses be expected to sign up for terrible insurance coverage that costs us as much as hiring an additional full time employee. And as the expenses of operating business continues to increase, the options for redefining and pivoting become fewer and fewer. Rural America is increasingly becoming a desert for medicine and a graveyard for our friends and families because we lack access to affordable, high-quality insurance as we are simultaneously running off the doctors, NP's, nurses, psychiatrists, and specialists to treat the unique needs of our rural towns. My wife and I are the sole owners of our medical practice and we have decided medical care for the people is more important than profit, but there is nothing affordable about the care that the federal government is acting like rural Americans are getting.