

Testimony submitted via email.

Dear Mr. Greenlick,

Thank you for your service to the people and to the state. I want to start with this - that I have never, ever, written or petitioned my government leaders for anything. I wrote the White House once in my grade school days, in the 80s.

I also acknowledge that you are busy, and that this letter is wordy, but I believe it is necessary to have the "story" to illustrate the point. I thank you for taking the time to read it.

I strongly request of you to consider your strong support of HB 2778. As a licensed practitioner of Massage Therapy and Structural Integration in the state of Oregon, and also as an experienced teacher and mentor of newly licensed practitioners, I bring over 15 years of experience to the table. With that said, I've seen insurance laws change and opportunities come - and go - for our clients and patients - the people of Oregon. I will offer some background and then detail the reasons in the following paragraphs.

Background:

In the work that I do, I have been able to help people who have not found cure from other practitioners (medical doctor, physical therapist, pain specialist)-- marathoners who can't run anymore, an elder aged woman who is trying to get her life back after dual hip surgery, a child who has a rare congenital disease and has suffered chronic headaches and fatigue, a single mother who has severe jaw pain so she cannot eat (and her insurance doesn't cover the surgery to correct it) - I have been able to help these people live fuller, pain-free lives. The runner now runs, the elder woman now gardens and walks without two canes, the child is able to attend classes more often, and the single mother can sleep at night and eat solid foods. **That is the service that I provide. I do not accept clients for relaxation services, as the public usually understands "massage therapy" to be the only answer to. The work that I do is more effective than it is pleasurable.**

I am a sole practitioner, with one subcontractor who works in my office on the weekends. I work full-time for an LMT - which equates to 12-15 clients a week; approximately 20 hours of hands on, highly physical and labor intensive work - plus countless hours administrative work, billing, laundry, cleaning, etc. That is the **sustainable** amount of work a career LMT performs, as manual therapy is very hard on the practitioner's body. *My business profits at the end of the 2016 year were under 30K.* I don't know a single "rich" LMT.

With the rising cost of living in the Hillsboro area, many people feel they cannot afford my services without utilizing their insurance. Almost half of my customers use their insurance to pay for their services. Many LMTs don't accept insurance because of the burden of paperwork it creates. I've already lost several thousand dollars on claims that were denied by insurance companies. I do not have the staffing to pursue these monies. I do not, and cannot afford to, have a staffed person to handle my billing.

Back to HB 2778 - the increased burden of paperwork for pre-authorizations has me reconsidering accepting insurance. Here's an example:

Point 1: A client has an insurance called "Healthnet Oregon." They outsource with 3rd party benefits management called "American Specialty Health Network." Her insurance allows her 27 visits annually, as outlined in her benefits booklet. Her copay is \$25 per treatment. The insurance then pays \$20. The total billed for a visit is \$125; the paid amount is \$45. *This is less than 50% of my "walk in cash rate."* Her insurance doesn't cover TMJ benefits of surgery, and she has hit her lifetime maximum for benefits for TMJ, so she has no other recourse.

This client has a severe case of TMJ disorder. She arrived to my office with a swollen face, she was barely moving her mouth as she spoke, and was crying with pain. By the end of the first hour, she was able to open her mouth all the way, and reported that she was free of pain for about three days. Within a month, she reported having to use less prescription medication to manage her pain. After five weeks (five visits), the insurance stopped paying. This is a restrictive barrier. They required a "medical review." This involved **ten pages of paperwork**, which then had to be scanned and uploaded online; which creates a technical barrier. also requiring **range-of-motion testing and evaluation**. I spent about two unpaid hours performing this work. Now we as LMTs have authority to conduct such testing, yet we are **NOT** allowed to **bill for it as an evaluation (CPT code 97001)**. We are literally being asked to **work for free**.

Point 2: I see a number of clients who are covered with MODA, who recently contracted with Evicore to outsource certain services, including massage therapy. The burden of paperwork is greater than it is with American Specialty, additionally the system they require us to utilize to logon and do said paperwork has been malfunctioning. They have made it clear they do not guarantee payment even with a pre-authorization. I am considering canceling my contract with MODA because of the technical barrier to care; which then creates a restrictive barrier to care, because I am one of the very few providers who accepts MODA in Hillsboro.

Further, it puts an ethical burden on me to deny treatment to someone because their insurance doesn't pay enough to make it worth it.

Point 3: I am working with a mother of two, who was pushing her cart through a parking lot of a shopping center and was struck by a pickup truck. The soft tissue strain she is experiencing causes her great difficulty in day to day functioning, and she has reported the greatest reduction in her symptoms - and has shown increased range of motion and activities of daily living (she can now dress and undress herself without assistance, an activity which was impacted by the accident).

She has seen a doctor, and a chiropractor, and a physical therapist. She feels she has the most improvement by seeing me. She cannot see me, however, without a referral from a medical doctor (this is a PIP/MVA claim paid by auto insurance company). The medical doctor, in this case a chiropractor, is now refusing to write further referrals - **citing that he is concerned the insurance won't pay for them, that there is a certain number they deem curative and after said point they will deny payment. This is a clear example of restricted access to care.**

Thank you for reading my letter, and considering your decision to support this essential bill.

Please vote YES for HB 2778!!!

Sincere Thanks,

Maria Andrea Montera BS, CSI, LMT, APP



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