

Testimony submitted via email.

I'm concerned when insurance companies make providers go through the prior authorization process because it will cause unnecessary roadblocks to me getting the care I work hard for and pay premiums to cover. I find it troubling that rather than following the expert advice of my clinician I am forced to adhere to a treatment plan laid out by insurance company administrative staff. Furthermore, it seems that my acupuncturist/chiropractor/physical therapy provider will no longer be able to perform the array of procedures that they are trained in, leading to an inferior level of care. The letter sent to my clinician explains that these changes are being put into place "to provide it's recipients with access to high-quality, cost-effective care". I don't understand how limiting my access to care equates to "high-quality". Please support HB 2778.

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