

Testimony submitted via email.

Dear Representative Greenlick,

First, I want to thank you for your tireless support for Oregonians! I appreciate your years of service and advocacy.

I am writing this email to you to express my support for House Bill 2778, and I hope that you will seriously reconsider moving it out of committee.

I am a patient who uses and benefits from acupuncture care. I am concerned by the fact that my insurance company (Blue Cross) is utilizing a third party administrator to manage patients' acupuncture care. Physical medicine is a healthy way for patients to resolve pain without the worry and risk of side effects that accompany most pharmaceuticals.

Acupuncture has been instrumental over the past seven or eight years in resolving pain in a variety of instances. Acupuncture addressed pain in my neck and shoulder, hip pain due to a piriformis muscle injury, and it also helped to resolve low back pain. Acupuncture, as you know, has a proven track record for pain resolution without the side effects of NSAIDs, steroids, or other drugs that allopathic physicians might prescribe to reduce or address pain. Acupuncture actually targets the cause of the pain, rather than seeking to mask it with pain relievers.

Below are a few of the reasons that I take issue with this growing trend of utilizing a third party preauthorization program:

- It has created roadblocks to my care: I have had several instances of care plans outlined by my acupuncturist being interrupted by the third party preauthorization company, stopping care in the midst of treatment.
- I am now facing just such an interruption: the personalized treatment plan that my clinician has developed for me has been limited to one more visit. This, despite the fact that my insurance benefits specify that I am entitled to as many as 24 visits to an acupuncturist in a calendar year. Since January, I have used just four of those visits--yet the preauthorization company has let me

know that my fifth visit will be my last under this treatment plan, even though my condition has been improving.

- It seems unethical that an insurance company is allowed to sell a plan that purports to offer one set of benefits only for me to later learn that another company prevents me from using the product I was *told* I was entitled to as part of my employer-provided benefits plan (and to which plan I also make a monthly contribution).

I appreciate your taking the time to read this letter, and I hope you will continue to fight for the health care that all Oregonians deserve.

Respectfully,

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