



Janet L Rueger, DC
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Dear Representative:

Please support House Bill 2778. I am a Chiropractor in Ashland, Oregon with an office that I run solo (without office staff or reception help).

In the last few years there has been an increase in insurance companies requiring more and more pre-authorization. This is extremely difficult for small offices like mine that do not have the staff to sit on hold and wait through a phone tree. When I need to obtain authorization for a patient it takes time away from being able to treat that patient. One of the major draw backs of needing pre-authorization is that you must see the patient in order to get the information needed for the pre-authorization form, but may not be paid for the visit.

An example is: Evicore. They do pre-authorization for Regence BSBC of Oregon. To get authorization, we must first have answers to questions regarding quality of pain, duration of pain, improvement since last visit, and intensity of pain. These are questions that can only be answered after seeing and interviewing the patient. The questions in the authorization are answered online or over the phone with Evicore, then the case is either automatically approved (usually for the first few visits) or it is sent to medical review which can take days to get an answer back.

During the days of waiting, I have the choice of either refusing to treat the patient because I cannot afford to work for free, or treating them, knowing I may not be paid. This has resulted in a loss of income for me and much frustration. **I am now turning away all patients who require pre-authorization with Evicore because it has become financially unsustainable for me.**

I believe it should be left up to the practitioner as to the medical necessity of the patient not some unseen panel who has never seen the patient.

Please support house bill 2778 to help health care practitioners to help our patients rather than wasting our time doing unnecessary clerical work.

Thank-you for your consideration,
Janet L Rueger, DC