

Peterson Clinic

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Dear Oregon Representatives,

I am writing in support of HB 2778. I have practiced in Hermiston since 1980. My goal has been to always provide the best and most expedient care to my patients. I have grave reservations about the current trend in health care. I will address the reasons for these concerns.

- 1) Pre-authorizing care. As a Chiropractic Physician it is my responsibility to properly exam and diagnose the problems that my patients present with. The main question is how do I request care for conditions I have not examined? Here are some examples:
 - a. A patient called with low back flank pain of acute onset. Because of the examination findings, I ordered a CT that revealed that his pain was due to a kidney stone.
 - b. A mother called asking care for her son with a headache. She brought the child in and after examination I was concerned that he may have a tumor. I called the pediatric neurologist and arranged a brain MRI, which was positive for a tumor that unfortunately was terminal.
 - c. A man called for care for his hip and low back pain. His examination was very suspicious for pathology. Imaging was ordered that revealed metastatic lesions in his low back and hip.
- 2) Extent of care: Once the diagnosis has been made then a treatment plan is made. However, my treatment plan is not reviewed by the authorizing agency. After filling out about 20 minutes of forms online, there is usually a 6 visit authorization given regardless of the condition. Here are several examples why this is not working.
 - a. A patient came in for care for acute injury to his shoulder. He was leaving the next day for a three-week mission trip to Africa. I received authorization for 6 visits in 30 days. His next visit was 1 month later

and his authorization of care had expired. I requested new authorization for care and was given 2 visits, even though he only had 1 visit out of the first 6 authorized. Even phone companies roll over minutes you do not use.

- b. A patient was receiving care for a low back condition. During his course of care he had an injury to his elbow. A new authorization was requested but not allowed for the elbow and only the remaining care for his low back was allowed.
- 3) Chronic pain: The United States and Oregon are experiencing an epidemic of narcotic addiction. Chiropractic care has been shown to reduce narcotic use and keep patients working. However, only acute care is authorized and pain is not allowed to be managed.
- a. Patient had an injury to his low back with disc rupture. After the acute phase of care was finished, he still had residual problems. Periodic Chiropractic care along with nutritional support and exercises kept the patient working. His insurer refused to continue Chiropractic care and he was forced to go the provider that they chose for him. He was started on narcotics that he became addicted to and had a spinal stimulator installed. His partial disability was turned into a total disability.
- 4) Patients that have a specific care benefit: Many patients have purchased additions to their insurance contracts that allows anywhere from 12-36 Chiropractic visits per year. Even with this coverage, I have had Evicore deny further care even when the number of visits allowed in the insurance policy had not been exhausted.

Thank you for your considerations as you vote to provide choice for the citizens of Oregon .

Kristopher B Peterson, DC DABCI