

To Whom It May Concern:

I am writing to express my strong support for HB 3134, which seeks to reduce the burdensome and unnecessary prior authorization requirements that hinder timely access to essential therapy services. As a physical therapist and owner of Impact Physical Therapy of Hillsboro/Banks, I have seen firsthand how these bureaucratic hurdles negatively affect both patients and providers.

For over 20 years, our clinic has provided high-quality physical therapy services to the residents of Washington County, Oregon. While our primary focus is orthopedic rehabilitation, we also serve patients needing women's health, pediatric, and neurological care. Each week, we provide over 200 patient visits, working diligently to restore mobility, reduce pain, and improve quality of life. However, the increasing burden of prior authorization requirements is making it harder for us to deliver timely and effective care.

One of our patients, an 83-year-old man with significant medical conditions including congestive heart failure, diabetes, peripheral neuropathies, and severe lumbar osteoarthritis, has been struggling to maintain his independence. He and his wife, both in their 80s, are doing everything they can to continue living in their home. When he begins therapy, we are typically authorized for only 6-8 visits—enough to address his acute symptoms but not enough to implement the long-term strengthening and stabilization program he needs to maintain function. Due to authorization delays of 2-3 weeks for additional visits, he often loses progress and regresses, forcing us to start his therapy from square one. This cycle of disruption severely impacts his quality of life and ability to remain independent.

Beyond the direct impact on patients, the prior authorization process places a significant strain on providers. At our clinic, our team of six therapists and three to four front office staff collectively spend 8-10 hours per week on prior authorization requests alone. This does not include the additional time spent handling denials, peer-to-peer reviews, and reprocessing billing issues. These administrative inefficiencies not only detract from patient care but also contribute to staff burnout and unnecessary frustration for patients and their families.

HB 3134 is a critical step toward streamlining access to medically necessary therapy services. Reducing excessive prior authorization requirements will allow patients to receive uninterrupted, evidence-based care while enabling providers to focus on delivering treatment rather than navigating red tape. I urge you to support this bill to improve healthcare outcomes and reduce the administrative burden on therapy providers across Oregon.

Thank you for your time and consideration.

Sincerely,

Kent Bond, MSPT

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