

Submitter: Diane Shiffer  
On Behalf Of:  
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The increasing use of prior authorization by insurance companies for standard benefits creates unnecessary administrative burdens and delays in patient care. This practice directly contradicts the fundamental purpose of health insurance—providing timely access to covered services.

Physical therapists are highly trained professionals operating within a well-defined practice act. They possess the expertise to assess, plan, and deliver ethical and effective care tailored to each patient's needs. As the providers closest to the patient's progress, physical therapists are best equipped to determine the appropriate course of treatment. However, the growing requirement to justify continued care imposes an excessive administrative strain on clinicians, diverting valuable time away from patient care.

This additional layer of oversight is not only redundant but also creates an artificial barrier between patients and the benefits promised by their insurance policies. Furthermore, this administrative burden is placed on clinicians who are already undercompensated for their services. The time spent navigating these requirements is both real and uncompensated, further exacerbating workforce challenges in healthcare.

We urge insurance companies to recognize the expertise of physical therapists and reduce unnecessary prior authorization requirements. Streamlining this process will improve access to timely care, enhance patient outcomes, and allow providers to focus on delivering high-quality treatment rather than administrative compliance.