

Submitter: Carlene Lewis
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB3134

To Whom It May Concern:

I am writing to urge your support for HB 3134, a critical piece of legislation aimed at reducing the burden of prior authorization requirements for therapy services in Oregon. As a previous Insurance Coordinator for Physical Therapy Associates, I have firsthand experience navigating the excessive and inconsistent administrative processes that delay essential care for patients and place an undue strain on providers.

Our practice operates four outpatient physical therapy clinics, two of which serve rural communities. We specialize in orthopedic, neurological, post-surgical rehabilitation, and balance and vestibular therapy, with a strong focus on Functional Manual Therapy. Each week, we provide approximately 500 physical therapy visits, working to improve the lives of patients with a wide range of medical needs. However, the growing complexity of prior authorization requirements threatens our ability to deliver timely and necessary care.

A recent case illustrates this challenge. A newly diagnosed Parkinson's patient, who also had several co-morbidities, required continued physical therapy to manage their rapidly progressing symptoms. When our clinic requested additional visits, the insurance company denied coverage, claiming they were not "medically necessary." This decision disregarded both the degenerative nature of Parkinson's disease and the patient's worsening condition. Without access to the necessary therapy, this patient faced an increased risk of falls, loss of mobility, and reduced independence—consequences that could have been mitigated with appropriate care.

The administrative burden imposed by prior authorization requirements is staggering. Although we are considered a small business, we require a full-time insurance coordinator solely to manage the complexities of different insurance payers. When patient caseloads increase, an additional staff member must assist for 10-15 hours per week. Many insurers use third-party administrators, each with their own ever-changing, non-standardized requirements. Prior authorizations are frequently denied without clear justification, leading to an increase in appeals, many of which require peer reviews with individuals who are often not even physical therapists. Our licensed clinicians—who hold master and doctorate degrees—must take time away from patient care to engage in these lengthy and frustrating appeal processes, further exacerbating stress and burnout.

Additionally, our therapists have reported that during peer-to-peer reviews, it is evident that the reviewer has not thoroughly examined the extensive chart notes and progress reports we submit. This lack of due diligence not only undermines the professional expertise of physical therapists but also results in unnecessary treatment delays that harm patient outcomes.

HB 3134 is essential to addressing these systemic issues. By streamlining prior authorization processes and ensuring that medical necessity determinations are made fairly and transparently, this bill will help patients receive timely and appropriate care while allowing providers to focus on treatment rather than bureaucratic obstacles. Reducing unnecessary administrative barriers will also alleviate staff burnout, enhance patient outcomes, and improve healthcare efficiency across Oregon. It will also allow small businesses to remain open, especially in rural areas, if the financial drain from extensive administrative costs is alleviated. Smaller, privately owned clinics already struggle with very little profit margin.

I respectfully urge you to support HB 3134 and advocate for reforms that prioritize patient care over excessive red tape. Thank you for your time and consideration.

Sincerely,

C. Lewis
Clackamas, OR