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On Behalf Of:  
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The use of prior authorization by insurance companies for physical therapy care creates unnecessary administrative burdens, delays in patient care, and increased stress on providers by taking precious time away from direct patient care. This practice hinders the patient's ability to access therapy services in a timely manner. Additionally, these administrative demands are often uncompensated and impact providers who are already underpaid relative to the value they deliver. The time and energy required to navigate prior authorization protocols only worsen existing workforce challenges in healthcare. Reducing unnecessary prior authorization requirements will help improved processes and eliminate administrative barriers to care, improve patient outcomes, and allow providers to focus on delivering high-quality, compassionate care.