

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

Dear Chair Nosse, Vice-Chairs Javadi and Nelson, and Members of the Committee. I hope you're doing well. I'm reaching out as one of your constituents because of the challenges with the delays caused by prior authorization for physical therapy. I wanted to share my experience and ask for your support of HB 3134.

Prior authorization is supposed to ensure appropriate care, but in reality, it often just creates frustrating delays that keep patients from getting the treatment they need. These delays mean more pain, longer recovery times, and sometimes even worse health outcomes.

When requesting authorization for a providence patient, my request was denied immediately due to being out of network with the patient's insurance. Normally this would not be an issue, and we would bill to the patients out of network benefit. However, this patient's plan required prior authorization. After many phone calls and investigating, we found that the patients PCP can request authorization on our behalf. This patient was post-surgical, and trying to communicate with the patient's primary care doctor was less than ideal. When explaining the situation over the phone with the doctor's office, they were confused why authorization was required, especially by them. I explained that this patient's specific insurance plan was out of network with our facility, and that his plan would cover his therapy if they requested authorization on our behalf. This specific case took a dozen phone calls to the doctor's office to have them request therapy. This patient was not able to be seen for over 30 days when he was post-surgical due to his insurance requiring authorization. This could all have been avoided and the patient would have been given the care that was needed if there were no authorization requirements.

HB 3134 would help fix this by making simple but important changes, like:

- Letting patients start treatment right away by removing prior authorization for the first 16 visits of a new episode of care.
- Ensuring those with chronic pain can access physical therapy for 90 days without jumping through hoops.
- Requiring insurance companies to respond to prior authorization requests within 24 hours so patients aren't left waiting.

This bill is a much-needed step toward making healthcare work better for patients. I really hope you'll support it and help get it passed.

Thank you for your time—I appreciate everything you do for our community!

Best,

Tracey Gorham, PTA, Oregon Delegate