

To Whom It May Concern,

I would like to submit my testimony in strong support of House Bill 3134. I am a private practice owner / physical therapist in Eastern Oregon and have experienced numerous instances over the years where my patient's care has been negatively affected due to "gaps" in their rehab while awaiting pre-authorization for continuation of care. I have also personally experienced issues with this pre-authorization requirement during my rehabilitation for bilateral knee replacement some years ago. Even though my insurance plan allowed 60 visits annually for physical therapy treatment, I was initially authorized for 6 treatment sessions. After a 2 ½ week delay waiting for additional treatment authorization I was "allowed" an additional 4 treatment sessions. I will note that It is not uncommon to have a patient's care delayed by 2-3 weeks awaiting this authorization, even though some insurance guidelines state that their pre-authorizations will be addressed in 48-72 hours, as did mine. Unfortunately, this delay in care is becoming much too common. The end result for many of these patients is prolonged recovery, more out of pocket expenses, potential regressions in their progress and ultimately poorer patient outcomes.

As an employer, I see an unnecessary waste of both my provider's and front office staff's time and effort in completing numerous pre-authorization requests on a daily and weekly basis. This often results in elevated frustration levels with my office staff, my providers and even more importantly our patients whose care is being delayed. HB 3134 is a step in the right direction to allow for uninterrupted, quality, evidence-based care for our patients as well as eliminating burdensome time and effort requirements for front office personnel. Thank you for your consideration in helping get this bill passed.

Sincerely,

Rob Bachman. PT
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