

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

I am writing in support of HB 3134. In November 2023, I severely injured my knee and needed surgery. Due to how extensive the injury and surgery were, I am still in recovery that requires physical therapy to this day. Because of my extremely limited mobility after the injury, my life completely changed. I needed virtually full-time assistance, and my left leg quickly deteriorated and lost (seemingly) all of its muscle. I was unable to place weight on my left leg for months, and I relied on crutches for several more months. After months of very difficult therapy and strength work, I did not start walking effectively until about July, and while I'm still slowly improving, it remained painful and limited. I am still unable to walk as well as I used to, I lost the ability to participate in my hobbies that I was passionate about, and I am in constant fear of re-injuring it and likely will be for years to come, if not the rest of my life.

The one saving grace I experienced was the excellent care I received from my physical therapist, Sasha Kolbeck, MPT, DPT, OCS, COMT, and Rose City Physical Therapy in Portland. Without that care, I would be much more limited than I am today, and it may have taken me additional years to reach my current progress in recovery. At the time of my injury, I had United insurance through my employer. Beginning on June 1, 2024, my employer switched to Anthem and had to go through Carelon for my physical therapy claims. My provider immediately warned me about Carelon from her prior experience, and it was not long before I experienced for myself how awful it was. Beginning in the late Fall to winter of 2024--and continuing still--Carelon began refusing to authorize my physical therapy sessions. This occurred as I was and am still struggling to build back muscle in my left leg and working on my walking ability. It continued as I finally, after more than a year, was able to start attempting to do small hops and take steps to re-learn how to jog. This progress obviously requires the care of a physical therapist, and I still have a long journey ahead to what is hopefully a full recovery.

When Carelon first denied further therapy sessions, my provider appealed, which I believe was a peer-to-peer review with a physical therapist employed by Carelon. I tried to appeal myself, but Carelon told me via a phone call that it would not consider my appeal until after it decided on my provider's appeal, which took several weeks. My therapist told me that the Carelon representative told her that I was denied, because (1) they did not even read parts of the documents my therapist submitted, and (2) they preferred full sentences in one part relating to my progress instead of bullet points. Apparently, once the Carelon representative actually reviewed the documents, they noted that it was more than clear I required physical therapy. While

Carelon did reverse its decision and approve some sessions, they did not notify me or my provider and instead only provided notice via postal mail, which took more than two weeks to arrive. That notice only approved a certain amount of visits within a time period of one month. I was forced to schedule all of the appointments I was able to within about two weeks, which was NOT best practice or appropriate for my recovery. Shortly after, Carelon once again denied me. When my therapist appealed again, she was told completely different information from a different Carelon representative, who stated that they required information that my therapist told me she has never had to provide to any insurance companies. Once again, Carelon did not notify us until weeks later, forcing my sessions to take place in a time period that was not desired by my medical professional. I have had to deal with month-long delays in between rushed sessions because of Carelon's prior authorization practices, which continues now. My recovery has been significantly affected for reasons unrelated to my progress or care.