SportsCare
Physical Therapy
"For the Athlete in All of Us"

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February 5, 2019
TO THE SENATE COMMITTEE ON HEALTH CARE
IN SUPPORT OF SB 236 AND SB 587

Madam Chair and Members of the Committee:

Thank you for the opportunity to submit testimony in support of SB 236 and SB 587 to allow patients to receive appropriate and medically necessary physical or occupational therapy services for a reasonable number of visits without having to receive prior authorization from their health insurer.

I am the owner of Gresham Sports Care and have been a physical therapist in private practice for 33 years. My clinic is a contracted provider with a number of private health insurers and my staff and I have extensive experience with the challenge of seeking and obtaining prior authorization for treatment of our patients from the insurers. The current process of prior authorization required by insurers consumes time by our therapists and administrative staff, delays and limits care, supersedes the medical judgment of the therapist and the patient's physician, and adds unnecessary administrative costs to the health care system. The determination by the insurer, or by the insurer's outside contracted benefits manager, of how many treatment visits a patient will be allowed is often made by an automated process, or by a person who has never examined the patient. Visits are automatically limited to a certain – low – number that is often the same for a patient with a muscle sprain and a patient needing extensive rehab after significant orthopedic surgery.

I support an amendment to both of these bills to insert after "evaluation" on line 12, the words "or treatment provided on the day of initial evaluation". When a patient comes in for the initial first visit, a therapist must perform a detailed evaluation and, based on that evaluation, prepare an individualized treatment plan. As a therapist, I do not then stop and tell the patient to come back another day to actually receive some treatment for their condition. Rather I provide care the first day because that is critical to the healing process. I believe this is the practice of most therapists, whether they are in private practice or hospital practice. However, when I bill a patient's insurer for the initial evaluation and one or two units of treatment, the insurer pays for the initial evaluation – which does not require prior authorization – but denies payment for the actual treatment, citing the lack of prior authorization for the treatment. If the therapist delays providing any treatment at the initial evaluation visit because the insurer will not pay for it, it just means that the patient will have to schedule an extra visit. This is nuts and makes no sense at all.

Thank you and I would be happy to provide any additional information that will be helpful to the committee.

George Eischen, PT