

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

March 23, 2025

To: Oregon State Legislature

FROM: Karl Kolbeck, PT, co-owner of Rose City Physical Therapy Associates, LLC in Portland, OR

RE: Support of HB 3134

I'm writing to express my utmost support for HB 3134.

This bill is designed to reduce the unjust administrative burden that insurance companies have placed on the physical therapy (PT) industry and other healthcare disciplines.

First and foremost, this process delays commencing PT care for patients in need, as well as creates a treatment gap in the continuity of care if, during care, a renewal authorization is required to continue care. It is typical for the insurance company to delay the initial approval for care or, during care, an authorization for continued care. This delay forces the practitioner to put the patient's care on hold. Otherwise, there is a likelihood that if we treat the patient without authorization, the visit will be denied by the insurance company. For acutely injured patients as well as those who've had surgery and it's imperative to commence physical therapy at a specific time, their rehab is important to begin.

Secondly, the time involved with submitting the authorization and, more so, the time required to complete a peer-to-peer if patient care is denied in part or whole is significant. It is not uncommon for a staff PT in my practice to complete 15 to 18 authorization requests per week. For those seeking a continuation of care, it is not unusual for the insurance company to deny all or, in part, the continued visits needed for continued care. When this occurs, a peer-to-peer is set up, and the PT is taken away from patient care to complete these peer-to-peer calls. With the well-known declining reimbursements and significant increases in operational costs, it places substantial financial strain on a small private practice to have PT providers removed from patient care access to complete a handful of peer-to-peer reviews each week.

Lastly, the current national average visits per case for physical therapy are 12 to 14

and have been for many years, including before insurance companies started the prior authorization process, which is straining access to care and placing unneeded administrative burdens on health care providers.

The prior authorization process reflects no less nor more utilization of care based on historical trends for visits per case. It is an unnecessary, costly process that affects access to care and efficient business operations and costs the insurance companies more money than they save by having these intermediaries manage care accessibility.

Thank you for your time and review of my testimony if favor of HB 3134.

Respectfully submitted,

Karl Kolbeck, PT