

## To Whom It May Concern:

I am writing to express my strong support for **HB 3134**, a critical bill that seeks to address the overwhelming administrative burden of prior authorization requirements for therapy services in Oregon. As a licensed physical therapist and the owner of Tigard Physical Therapy and Massage, I see firsthand how these bureaucratic hurdles place an unnecessary strain on small clinics like mine, jeopardizing our ability to provide quality patient care.

Our outpatient physical therapy and massage clinic serves a diverse patient population, ranging in age from newborns to seniors over 100 years old. We provide care to approximately 140-150 patients per week. While our patients typically receive the care they need, the true burden of prior authorization falls on our clinic, creating an unsustainable financial and administrative strain.

One of our greatest challenges is the lack of flexibility from insurance companies when it comes to retroactive authorization. If a prior authorization is mistakenly delayed in the fast-paced environment of a busy clinic, insurance companies **categorically deny reimbursement**—even after the care has been provided. This means that while our patients benefit from necessary treatment, our clinic is left **uncompensated** for services rendered. As a small business that does not receive increased reimbursement rates from insurers, this financial strain makes it difficult to maintain operations and fairly compensate staff.

The **administrative burden** of prior authorization is staggering. Our clinic spends an estimated **10-20 hours per week** just managing prior authorization requirements. A significant portion of this time is spent simply determining **whether** a patient requires prior authorization, as insurance benefits are often unclear when checked online. In many cases, we must **call insurance companies**, which can take over **60 minutes per call**, only to be redirected to incomplete and unhelpful online portals. The situation has worsened recently, as insurers provide **less direct assistance** and **more opaque processes**, such as referring us to systems that do not contain the necessary information.

Furthermore, our clinic must employ **a part-time staff member** just to handle insurance verification and prior authorization submissions—an expense that does not generate revenue but is essential for ensuring patients can access care. This administrative maze is exacerbated when systems like Availity are down, as happened recently for **two full days**, leaving our clinic without the ability to verify benefits or submit authorizations. Meanwhile, our therapists struggle to balance **patient care with paperwork**, leading to **increased stress and burnout** in a field already facing workforce shortages.

**HB 3134 is essential to alleviating this burden.** We need reforms that provide **greater flexibility for retroactive authorization, extended submission windows,** and **more transparency in insurance requirements.** The current system forces small clinics to **absorb financial losses,** dedicate excessive hours to bureaucratic tasks, and divert crucial resources away from patient care. By passing this bill, Oregon can help ensure that clinics like mine can continue to serve our communities effectively.

I urge you to support **HB 3134** and advocate for much-needed relief from these excessive prior authorization requirements. Thank you for your time and consideration.

Sincerely,

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