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

Dear Chair Nosse, Vice-Chairs Javadi and Nelson, and Members of the Committee.

I hope you're doing well. I'm reaching out as one of your constituents because of the challenges with the delays caused by prior authorization for physical therapy. I wanted to share my experience and ask for your support of HB 3134.

Prior authorization is supposed to ensure appropriate care, but in reality, it often just creates frustrating delays that keep patients from getting the treatment we need. These delays mean more pain, longer recovery times, and sometimes even worse health outcomes.

There are many examples of delays/denials, one that we had recently was a post-operative(post-op) patient with a workers compensation claim, since the patient is required to have updates with the doctor monthly we are only given authorization 1mo at a time and have to wait on the doctors approval before we can request for additional authorization. However the patient had their follow up with the doctor, we had sent a request for a signature for approval from the doctor for additional care, however the doctor was out of the office ill and we could not get an updated referral or signature page approving our plan of care without the doctor's signature and their office would not let any covering doctors sign off on it so patient was held from their post-op care while waiting to get authorization for over 3 weeks while we waited for the doctor to get back in and through everything they missed, along with the insurance company to then approve the request.

Another type of delay we may get is due to the insurance authorization portals being down or not working properly causing the requests to be delayed and having to cancel patients for the week, these are usually shorter term delays but still cause patient's to not be able to get the care they require.

There are times when certain insurances require specific NPI(National Provider Identifier) numbers, whether it is the specific Providers NPI, or their Group/Facilities NPI and there will be a denial stating we are out of network and there are no out of network benefits when it is in-network. It becomes a hassle that you have to call and set up a brand new request as you aren't able to adjust the denied case, and if you just send in an updated request, they just file it directly into the denied case instead of starting a new case, even if you put on the cover page that it was a new request.

Sometimes the insurance will only give a partial approval to a patient's case when they still need much more than what is being given. This usually is regarding a serious post operative repair where they did extensive work, or a very difficult surgery where recovery is a long period of time. We are given the option to do a peer to peer or appeal to the denial and on peer to peer conversations sometimes the independent person assigned by the insurance was not qualified for the orthopedic issue they had and did not fully understand why the care was still needed.

HB 3134 would help fix this by making simple but important changes, like:

Letting patients start treatment right away by removing prior authorization for the first 16 visits of a new episode of care.

Ensuring those with chronic pain can access physical therapy for 90 days without jumping through hoops.

Requiring insurance companies to respond to prior authorization requests within 24 hours so patients aren’t left waiting.

This bill is a much-needed step toward making healthcare work better for patients. I really hope you’ll support it and help get it passed.

Thank you for your time—I appreciate everything you do for our community!

Best,
Joshua Hohensee