Submitter:	Kara Schuft
On Behalf Of:	Whole Body Health Physical Therapy
Committee:	House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic:	HB3134

To Whom It May Concern:

I am writing to urge your support for HB 3134, a critical piece of legislation aimed at reducing the burden of prior authorization requirements for therapy services in Oregon. As a physical therapist, I witness firsthand how these requirements create unnecessary delays, limit access to essential care, and increase administrative burdens for providers and clinics.

I am Dr. Kara Schuft, PT, DPT, and I own Whole Body Health Physical Therapy, serving patients in Portland and Tigard, Oregon. Our clinic provides outpatient orthopedic physical therapy, pelvic health services, and chronic pain management to a diverse patient population. We serve approximately 400 patients each week, many of whom rely on timely access to therapy to recover, manage pain, and maintain their quality of life.

Unfortunately, prior authorization processes often stand in the way of effective care. One of my patients, who suffered from persistent pain with multiple pain sites and severe deconditioning, required ongoing physical therapy to make steady progress. Due to financial and transportation barriers, they had to space out their sessions. However, when I attempted to obtain authorization for additional visits, I was told in a peer-to-peer review that prior authorization is not designed to help people with chronic conditions. As a result, their treatment was denied, their condition worsened, and when they eventually returned to therapy months later, they were in worse shape than before. Once they switched to an insurance plan that did not require prior authorization, I was finally able to implement the appropriate plan of care, and they made substantial progress, eventually transitioning to an independent home program. This case is just one example of how prior authorization policies fail to support patients with long-term needs.

Beyond harming patients, these requirements impose a significant administrative burden on our clinic. Each provider spends at least 10-15 minutes per patient on prior authorization, and we employ a full-time administrative staff member solely to track and submit authorization requests. This person does nothing for front desk or any other support - only managing prior authorization for our clients. Despite being innetwork with insurance providers, we repeatedly encounter authorization companies that fail to recognize our providers, leading to denials that require lengthy appeals. These mistakes can take at least two weeks to resolve, delaying necessary care. This inefficient system reduces the time we can spend with patients, creates financial strain on our clinic, contributes to staff burnout, and generates frustration among providers and patients alike.

HB 3134 would help ensure that patients receive the therapy services they need without unnecessary delays and that providers can focus on delivering high-quality care instead of navigating excessive red tape. I urge you to support this bill to protect patient access and improve the efficiency of our healthcare system.

Thank you for your time and attention to this critical issue. I appreciate your commitment to improving healthcare in Oregon.

Sincerely,

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