Submitter: David Russo

On Behalf Of: Columbia Pain Management PC

Committee: Joint Committee On Information Management and
                                        Technology

Measure, Appointment or   HB4054
        Topic:

Co-Chairs Pham and Nathanson, and Members of the Committee,

My name is David P. Russo. I am a physician specializing in interventional pain
medicine and a managing partner at Columbia Pain Management, an independent,
physician-owned multisite practice serving patients across Oregon. I submit this
written testimony in strong support of House Bill 4054.

House Bill 4054 addresses a real and growing problem in modern health care
reimbursement. Insurers are increasingly using artificial intelligence and automated
algorithms to downcode physician-submitted claims without timely disclosure,
meaningful explanation, or access to a clinically appropriate appeal pathway. These
actions directly affect patient care, physician accountability, and the financial stability
of independent medical practices.

At Columbia Pain Management, we take responsibility for accurate coding that
reflects the care delivered and documented in the medical record. When a claim is
downcoded through automated means without transparency or prompt notice, the
integrity of the physician-patient relationship is undermined, and providers are placed
in an untenable position. Physicians often learn of reimbursement changes weeks
later, with no clear indication of whether the decision was based on clinical judgment,
contractual language, or a non-transparent algorithmic rule set.

A common, concrete example from pain management illustrates this problem. After
appropriate evaluation, documentation, and imaging confirmation, a physician
performs a fluoroscopically guided lumbar medial branch nerve block. The claim is
submitted using the correct CPT codes that reflect physician work, technical
complexity, and imaging guidance. The insurer subsequently downcodes the claim
through an automated process or reclassifies the service as a lower-intensity
injection without notifying the provider that artificial intelligence was used in the
determination. The explanation of benefits provides no rationale, no citation to policy
language, and no clear path to appeal. The result is reduced reimbursement for care
that was appropriately delivered, documented, and medically necessary.

House Bill 4054 does not prohibit the use of artificial intelligence or automated tools
in utilization review. Instead, it establishes basic standards for transparency, notice,
and due process. Requiring insurers to notify providers when artificial intelligence is
used to automatically downcode a claim and to explain the specific reason for that

decision is both reasonable and necessary. Equally important is the requirement that providers have timely access to an appeal before an appropriate medical consultant or peer review committee.

These protections are especially critical for independent practices like ours that lack the administrative scale or legal resources of large health systems. Automated downcoding, when left unchecked, acts as a hidden cost shift that disproportionately harms smaller practices and ultimately reduces patient access to specialty care in local communities.

House Bill 4054 upholds an essential principle. Clinical decisions and their reimbursement consequences must be accountable to human judgment, evidence-based standards, and clear communication. Artificial intelligence should support health care delivery, not obscure decision-making or erode trust between insurers and providers.

For these reasons, I respectfully urge the Legislature to support House Bill 4054 and affirm Oregon's commitment to transparency, fairness, and evidence-based utilization review.

Thank you for the opportunity to submit written testimony.

Respectfully submitted,
David P. Russo, DO, MPH
Columbia Pain Management