

Testimony in Support HB 5623

Date: April 1, 2025

Chairperson Donovan, Members of the Committee,

Thank you for the opportunity to submit testimony in support of House Bill 5623, which seeks to reform the UR process for outpatient physical therapy. As a Revenue Cycle Manager overseeing authorization and reimbursement processes across over 30 outpatient clinics, I have seen firsthand how burdensome and restrictive UR practices negatively impact patient care.

UR processes were originally intended to ensure appropriate utilization of healthcare services. However, in outpatient physical therapy, these reviews often serve as barriers rather than safeguards. The following challenges illustrate the need for reform:

1. Delays in Patient Care Due to Authorization Requirements

Insurance companies are increasingly requiring authorization after the initial evaluation, which disrupts the continuity of care. As providers, we prioritize getting patients seen quickly, often within 24 to 48 hours, because early intervention is key to reducing pain, improving function, and preventing further complications. However, after the initial evaluation, many patients are forced to wait 7-10 days for authorization before continuing treatment.

This delay is not only frustrating for patients but also undermines the effectiveness of care. We assess, diagnose, and initiate treatment immediately to alleviate pain and improve mobility. But when insurance dictates that therapy must pause until they approve it based on arbitrary criteria rather than clinical necessity it derails the treatment plan and diminishes the value of a timely evaluation. Patients who come to us for fast relief are left waiting, leading them to question whether physical therapy is a viable or effective option.

When a physician prescribes medication, treatment begins immediately without an insurance company stepping in to delay care. Why should it be any different for Doctors of Physical Therapy, whose expertise in movement and rehabilitation is just as critical to patient recovery? These arbitrary delays create unnecessary barriers, prolong suffering, and ultimately increase healthcare costs by allowing conditions to worsen before care resumes.

2. Inconsistent and Arbitrary Denials

Insurance payers frequently apply UR criteria inconsistently, leading to unpredictable denials of medically necessary care. Even when therapists provide clear clinical justification, approvals are often granted in insufficient increments, requiring repeated authorization submissions. This not

only disrupts continuity of care but also increases administrative burdens for providers, diverting resources away from patient care.

3. Increased Administrative Burden and Provider Burnout

The time and effort required to comply with UR processes strain outpatient therapy providers. Our clinicians and administrative staff spend significant time on paperwork, phone calls, and appeals rather than focusing on patient treatment. This inefficiency drives up operational costs and contributes to provider burnout, ultimately reducing the capacity to serve patients effectively.

4. Negative Impact on Patient Outcomes

Delayed or interrupted care results in prolonged recovery times, increased pain, and avoidable medical complications. Patients recovering from surgery, injury, or chronic conditions require timely and consistent physical therapy to achieve optimal outcomes. When access is restricted, patients are more likely to experience setbacks that lead to higher healthcare costs, including unnecessary emergency room visits, opioid prescriptions, and surgical interventions.

5. Disproportionate Impact on Vulnerable Populations

Patients with chronic conditions, disabilities, or lower socioeconomic status are disproportionately affected by restrictive UR policies. These individuals often lack the financial means or health literacy to navigate complex appeals processes, leading to disparities in access to necessary rehabilitation services.

For these reasons, I strongly urge the House to pass the Utilization Review Bill to reform UR practices for outpatient physical therapy. This legislation will help ensure that medical necessity is determined by qualified clinicians rather than administrative algorithms, reduce administrative waste, and most importantly, improve patient access to timely and effective care.

Thank you for your consideration.

Sincerely,

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