Steven Sepe

From: Elizabeth Clegg <elizabethclegg@outlook.com>
Sent: Tuesday, April 1, 2025 8:01 AM
To: House Health and Human Services Committee
Cc: Rep_Knight
Subject: Opposition H5623

H5623 Opposed

April 1st, 2025

Dear Chairperson Donovan and Members of the House Health and Human Services Committee,

Thank you for your service and for the opportunity to share my view re House bill 5623.

My name is Elizabeth Clegg I am an Occupational Therapist in Rhode Island. I have worked in acute care in Rhode Island for the past 17 years, and prior to that I worked in acute rehab and skilled nursing facilities in Rhode Island and Massachusetts.

I am writing today in opposition to the prior authorization bill H5623 for the following reasons:

- This bill includes Occupational Therapy but without OT participation in its drafting or review of its potential implications on our profession and, most importantly, on our consumers. This puts recipients of OT in Rhode Island at risk.
- The bill is geared toward an outpatient private practice model and has the impact of appearing somewhat attractive to a select group of consumers and providers but falls far short of supporting several other outpatient populations. These may include hospital-based outpatient practices for orthopedics but also other diagnostic groups of clients, general outpatient practice for individuals with chronic and progressive conditions, neurological concerns, and pediatrics.
- The bill as written is more restrictive in number of visits allowed without prior authorization than is currently found in some of our related practice areas. Should this become law, this may lead to our more generous carriers introducing more limitations increasing the burden on OT providers and possibly delaying care for our clients.
- The chronic pain provision of no prior authorization for 90 days after diagnosis is well intended but problematic because diagnosis time frame is often in the distant past. Does this then mean the individual is subject to prior authorization if diagnosis occurred more than 90 days prior? If the person arrives 20 days after diagnosis, does that mean they now have 70 days to be seen? How would this be monitored? Who decides when formal diagnosis occurred? Removing the words "after diagnosis" could solve this concern.
- To reflect the breadth of Occupational Therapy practice, chronic pain would be best replaced by "chronic conditions" or this language should be added.
- Time frames for reauthorization procedures of not more frequently than every 6 visits or 30 days whichever is longer may work for individuals who present with basic orthopedic conditions but not for those with more complex or evolving problems and this frequency of reassessment may actually cause exacerbations, slowing progress.

- Authorization response times from carriers while expressing the need for more expediency do not appear realistic in actual practice. More realistic would be 24 hours for emergent authorization and 48-72 more standardly.
- Assessment tests and measures to be used should be clinical decisions by providers not determined by insurers for their authorization procedures.

Addition of the option of retroactive authorization is a welcome proposal and the remainder of the appeals and medical necessity review processes appear to be standard practice and are reasonable.

Thank you for the opportunity to present these concerns. **Please do not pass H5623 as it is currently written** with its potential negative impacts.

Sincerely,

Elizabeth Clegg
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