

H5623 Opposed

April 1, 2025

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

Thank you for your service.

My name is Kim Gilbert and I am an Occupational Therapist of 47 years currently working here in RI in the school setting.

I am writing in opposition H5623, addressing prior authorizations, and ask that you consider the following:

- This bill includes Occupational Therapy, but occupational therapists and the state organization were not included in its drafting or review.
- The bill has the potential to relieve burden for the outpatient private practice setting but may negatively impact several other outpatient populations.
- The bill, as written, is more restrictive in the number of visits allowed without prior authorization, than is currently found in some practice areas.
- The chronic pain provision, of no prior authorization for 90 days after diagnosis, may cause confusion because a diagnosis time frame for many clients and patients could have occurred years before. Removing the words "after diagnosis" could resolve this concern.
- The term "chronic pain" could be replaced by "chronic conditions" to include the wider range of patients and clients treated.
- Authorization response times from carriers, while expressing the need for more expediency, do not appear realistic in actual practice. A more realistic time frame to consider is 24 hours for emergent authorization and 48-72 for routine authorizations.
- Assessment tests and measures are best determined by clinical rationale of providers, not determined by insurers for their authorization procedures.
- Addition of the option for retroactive authorization is a welcome proposal, and the remainder of the appeals and medical necessity review processes, appear to be standard practice and reasonable.

Thank you for your time and attention in the consideration of H5623.

Sincerely,

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