

Cayford, Edna

From: Cat Kenney <ckenney@ube-more.com>
Sent: Monday, April 10, 2023 10:18 PM
To: Bailey, Donna; Perry, Anne; Brakey, Eric; Reny, Cameron; Arford, Poppy; Cluchey, Sally; Cyrway, Scott; Mastraccio, Anne-Marie; Mathieson, Kristi; Morris, Joshua; Nutting, Robert; Pringle, Jane; Swallow, Gregory; HCIFS; McCarthyReid, Colleen
Cc: Gwen Simons
Subject: Please vote Ought to Pass on LD 1383

This message originates from outside the Maine Legislature.

Dear Senator Baily, Representative Perry and Honorable Members of the HCIFS committee:

I am an orthopedic physical therapist that manages three orthopedic and sports physical therapy clinics throughout the state of Maine and we have been in business since 2016. I am writing to ask you to **support** LD 1383, An Act to Regulate Insurance Carrier Prior Authorization Requirements for Physical and Occupational Therapy Services.

Our clinicians are very skilled at managing patient care and optimizing outcomes, therefore, we often see cases that have failed physical therapy in the past and their symptoms are chronic in nature, or they arrive with multiple body parts affected. We are asked to obtain prior authorization for many of these cases where the visits allotted do not appear to be based on diagnosis codes, patient complexity or the provider's plan of care and the number of visits dispensed appear arbitrary. This is similar to subsequent authorization requests for continuation of care, in which many of the requests don't require much clinical information, and they approve authorizations with low visit limits. This requires objective clinical changes to be made in a short amount of time and if this change is not deemed sufficient, it is determined that physical therapy is unnecessary. These expectations are unrealistic for patients managing chronic pain or post-operative limitations.

This authorization process places an unnecessary burden on our clinical staff to complete progress reports with increased frequency, as well as the burden on our patients to continually disrupt progress by taking unnecessary time to collect data, and lastly to our front office staff to submit the authorization requests. This potential delay in the patient's progress with frequent progress reports or delays in authorizations only results in setbacks in progress and is cost prohibitive in the long run.

With LD 1383, we would be able to provide care for these patients for 12 visits without disruption of care. This will save time, and healthcare dollars and increase access to care.

In respect of your time, I have limited all aspects in which this authorization process is burdensome and challenging for small private practices. Should you have an interest in other effects of this process I would be happy to discuss them further.

Thank you for your time. If you have any questions, please do not hesitate to contact me.

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