

# **SCARBOROUGH PHYSICAL THERAPY ASSOCIATES, P.A.**

51 U.S. Route One, Scarborough, ME 04074

Telephone (207) 883-1227

Fax (207) 883-6199

## **LD 1383, An Act to Regulate Insurance Carrier Prior Authorization Requirements for Physical and Occupational Therapy Services**

### **Public Hearing, April 13, 2023**

Good afternoon, Senator Bailey, Representative Perry and Honorable Members of the Committee on Health Coverage, Insurance and Financial Services.

My name is Anne Ryan and I have been employed by Scarborough Physical Therapy Associates for 20 years, the last 10 of which I have held the position of Billing and Patient Accounts Representative.

I voice my support for LD 1383 due to my experience as a billing representative, and can state the following:

- The need for authorizations for out-patient physical therapy is for the most part a cumbersome and time-consuming exercise. It places a barrier for effective and continuous care as ordered by a patient's doctor.
- At our clinic the majority of patients complete their course of treatment within a 12 visit timeframe. Were LD 1383 to pass, a significant administrative burden would be lifted. More importantly, patient care would not be interrupted due to the unpredictable actions of certain commercial insurance companies. This Bill would also be advantageous to patients who are referred to physical therapy for acute or post-surgical care. The latter come to us with a post-operative protocol from their surgeon. If authorizations are delayed or approved for two to three visit increments, recovery can be unnecessarily delayed to the detriment of the post-surgical patient.
- It is our clinic policy to verify the need for an authorization for all new patients. We rely on the information provided by commercial insurance companies to be both correct and up to date and act accordingly. It has been our experience that should a claim be denied because of erroneous information on the part of a commercial insurance, the steps needed to obtain a retro-authorization are cumbersome and delay patient treatment. It is our opinion that an authorization to continue therapy after 12 visits is not unreasonable if the process is effective, timely, and reflects a patient's status and goals.
- Lastly, this bill would not be necessary but for the fact that some commercial insurers have contracted with utilization review companies who have willfully created an environment which appears to deliberately obfuscate the authorization process, which not only affects a provider's cash flow but also causes confusion and distress to patients whose care is interrupted or denied.

I encourage the Committee on Health Coverage, Insurance and Financial Services to vote 'Ought to Pass' on this Bill.

Respectfully,  
Anne K. Ryan, *Billing and Patient Accounts Representative*,