

Written Testimony in Support of
LD 1383, An Act to Regulate Insurance Carrier Prior Authorization
Requirements for Physical and Occupational Therapy Services

Senator Bailey, Representative Perry and honorable members of the HCIFS Committee:

My name is Larry Risigo and I am the Regional Director for Saco Orthopedic and Sports Physical Therapy outpatient rehabilitation centers in Maine.

I am here today to voice our support for LD 1383, An Act to Regulate Insurance Carrier Prior Authorization Requirements for Physical Therapy and Occupational Therapy Services on behalf of the 34 rehabilitation centers that we operate in Maine.

SBPT has provided outpatient physical therapy and occupational therapy across the state of Maine for the past 35 years. We analyze our outcome data on the thousands of patients we see every year. Consistently, our average number of visits per case has remained steady at 11 visits, and throughout the last 35 years we have never been accused of “over treating”. Our data shows:

- a. Our best patient outcomes occur for most patients when they are seen a minimum of 2 times per week, sometimes 3.
- b. When patients are seen less than 2 times per week they require 32 more days to recover and achieve the same outcome.

We conclude from this data that over-utilization simply *does not occur* before the 12th visit and that a minimum of 11 visits on average are medically necessary. Therefore, the redundant pre authorization requirements prior to the 12th visit is simply unnecessary. It only puts added strain and cost on our business and limits and delays access to necessary healthcare services for our patients.

The authorization process is time consuming and adds cost to the delivery of care. It can take our PSS’s up to 45 minutes to complete an authorization call. This is an added expense to healthcare providers who are struggling against the current economic environment and low reimbursement rates. For a business as large as ours, the additional cost can be astronomical!

More importantly, it has become very difficult to keep staff in administrative positions that perform prior authorization because it is such frustrating work. Our administrative staff spend substantial time answering repetitive and meaningless prior authorization questions, making phone calls, waiting on hold for far too much time to get answers, and having to console patients who are worried that their PT or OT visits won’t be approved.

A quote from one of our PSS staff members:

“AIM is our biggest problem. They never give the patient enough visits. It is very time consuming when we have to submit for an authorization after 4 visits.”

We encourage the Maine Legislature to rein in cumbersome administrative tasks that do not improve the patient’s outcome and merely serve to add costs to the system.

Thank you and I’d be happy to take any questions.