

Dear Legislator

I urge you to support HB 4426 and oppose any amendments to the bill.

HB 4426 restores fair access to physical and occupational therapists to so many West Virginians that have been unfairly denied ability to attend physical and occupational therapy even at the direction of their physician because of excessive and increasing co-pay amounts.

- It restores an open path to a healthy future that is now being denied to individuals who purchase health insurance plans and suffer a disease or injury that requires physical or occupational therapy.
- It saves costs to the State of West Virginia by preventing a wave of increase in unnecessarily disabled individuals.
- It is consistent with laws already passed in neighboring states.
- It reduces the overall health care costs of West Virginians by preventing predictable harm to individuals.
- Beginning July, 2012, PEIA co-payment is \$10/ visit for physical therapy, occupational therapy, and speech therapy.
- Results in an overall decrease in cost to both payers and patients.

Prior to passage of the new health care law in 2008, the typical co-pay to see a physical therapist was the same or less than the co-pay to see your primary care physician (in the \$0 to \$10 range). Even now a typical medically necessary course of physical therapy is three visits per week for 4 to 12 weeks depending on the surgery or injury being addressed. A huge adverse affect to people in states that did not have regulation on co-pays was that insurance companies began classifying physical and occupational therapists as "specialists", placing them on the same tier as a neurosurgeon, orthopedic surgeon, or cardiothoracic surgeon. The result is co-pays for each physical therapy visit increased by 500% to 1000% on many policies so much so that some co-pays now exceed the cost of a physical therapy visit. Some co-pays are as high as \$100 per visit. A common consequence is that a person already paying an insurance premium and deductible thinks they have therapy as a benefit but is blindsided following an injury or surgery. The injury/surgery prevents them from working and requires therapy in order to restore their ability to be independent and productive. They find that while unable to work for income they now have to pay between \$150 and \$300 per week for four to twelve weeks in order successfully rehabilitate. As a result of the \$600 to \$1,200 per month required, they choose to forgo therapy, resulting in pain, suffering, and long term dysfunction. Prior to this change in insurance practices that same individual would have co-pays of \$0 to \$60 per week (for one to three visits).

Fair co-pays lead to better outcomes and improved access. In these difficult economic times, it is a struggle for the average working patient to afford what they thought was a covered service. Again, please support HB 4426.

Thank you for your consideration and your service to the people of West Virginia.