

## OIC Rules Coordinator

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**From:** Cherelle Ashby <cherelle@bothellchiropractic.com>  
**Sent:** Thursday, July 31, 2025 3:18 PM  
**To:** OIC Rules Coordinator  
**Subject:** R2025-05 First Prepublication draft comment

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### External Email

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Dear Rules Coordinator,

I am writing to raise a serious concern regarding auto insurers' use of the FAIR Health database to reduce payments to healthcare providers.

Auto insurers are increasingly relying on the FAIR Health database to justify arbitrary reductions in reimbursement for medically necessary treatments. Yet, there is little to no clarity about how these reductions are calculated. Providers are left in the dark, patients are left holding the bill, and insurers avoid paying for care that has already been rendered in good faith.

This is unfair and unsustainable. Patients pay premiums for auto insurance and rightfully expect that those benefits will be there when they need them most. Instead, we are seeing a clear failure by insurance carriers to deliver on the policies they sold. By arbitrarily reducing or denying payments for medically necessary care, these insurers are actively limiting patient access to appropriate treatment and delaying their recovery after an accident.

We need full transparency into how the FAIR Health database determines these rates and stronger accountability from auto insurers who use it to deny necessary care. The current system does not serve the best interests of patients or the integrity of the healthcare system.

This is not just about reimbursement. It's about ensuring patients get the care they paid for, and providers receive fair compensation for the care they deliver. I urge regulators to re-evaluate the use of FAIR Health in auto insurance cases and demand greater transparency and accountability from those who use it to make financial decisions affecting real people's health.

Sincerely,  
Cherelle Ashby  
Benefits Coordinator  
Bothell Chiropractic & Wellness