

OIC Rules Coordinator

From: Jake Lipski <drlipski@dynamicchiro.com>
Sent: Wednesday, August 6, 2025 10:22 AM
To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication Draft Comment

External Email

Dear Commissioner Kuderer,

I am writing as a practicing chiropractor in Washington State to express my strong concerns regarding how auto insurers are currently using the FAIR Health database to determine reimbursement for personal injury (PI) claims.

Insurers are using this database to undercut necessary treatments, yet the methodology behind it is unclear and inaccessible. Neither patients nor providers have transparency into how these rates are calculated, making it impossible to verify whether reimbursements reflect the true cost of care.

As a result, patients and providers are left with the financial burden. Patients who pay significant premiums for auto insurance expect their care to be fully covered after an accident. Instead, they are often forced to pay out of pocket, delay care, or forgo it entirely due to arbitrary reductions—often up to 20%—with no explanation based on actual clinical need.

This “cookbook” approach to reimbursement promotes a one-size-fits-all model that fails to account for the complexity and individuality of injury care. In my practice, I’ve seen the harmful impact this has on patients’ recovery timelines and stress levels. If my bills are consistently cut to 80%, it inevitably leads to additional health care costs elsewhere in the system or directly to the patient.

We need full transparency and accountability when insurers use data to determine reimbursement. Patients deserve to receive the benefits they pay for, and providers deserve fair compensation for delivering medically necessary care.

Thank you for your attention to this important matter.

Sincerely,

Dr. Jake Lipski, DC

Dynamic Chiro

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