

## OIC Rules Coordinator

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**From:** Dr. Michael Long <drmike@chirotacoma.com>  
**Sent:** Monday, August 4, 2025 9:35 PM  
**To:** OIC Rules Coordinator  
**Subject:** R2025-05 First Prepublication draft comment

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External Email

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### Public Comment on R2025-05

Submitted by: Dr. Michael V. Long, DC

To Whom It May Concern,

I am writing to express my concerns regarding R2025-05. I have been a practicing chiropractor in Washington State for 26 years and have treated thousands of patients injured in automobile accidents. Years ago, I served as the class representative in a class action lawsuit against an auto insurer that was arbitrarily reducing provider fees based on an opaque database. That case ultimately settled—likely because the insurer wanted to avoid discovery that could have revealed how this arbitrary database collected and applied its data.

I was surprised and disappointed that the Washington State Supreme Court ruled in favor of the insurers in allowing continued use of this database. While I am not a legal expert, I am especially concerned that the Court did not require transparency from the FAIR Health database—either in its data collection methods or in how insurers utilize that data to determine reimbursement rates.

Over the years, several insurers have used the FAIR Health database to reduce our fees. What is striking is that, although they all claim to be using the *same* database, they reduce our fees by *different* amounts. This raises a critical question: **How can multiple insurers quote the same database and come up with different reimbursement rates?**

To illustrate:

- **Travelers** and **CorVel** reduced our CPT code **98941** (billed at \$85.00) to **\$80.86**, and code **97124** (billed at \$106.00) to **\$99.56**.
- **Allstate**, on the other hand, reduced **98941** to **\$83.89** and **97124** to **\$102.39**.

This inconsistency highlights the arbitrary nature of how insurers apply FAIR Health data and demonstrates a lack of standardization or oversight.

As a small business owner in Washington, these arbitrary reductions are only one of many financial challenges we face. In recent years, we've endured:

- A 500% increase in business licensing fees in Tacoma (from \$250 to \$1,500 within three years)
- Rising B&O taxes
- Record inflation

- Substantial increases in employee compensation due to a competitive job market

We are also seeing stagnation in allowable rates from major health insurers such as Regence, Premiera, Aetna, and United Healthcare—despite decades of rising costs. This has forced us to opt out of network participation with several insurers because their fee schedules fall below our actual cost of delivering care.

In the auto injury space, we are not participating providers with insurers. So why should these insurers have the authority to arbitrarily reduce our fees? Patients pay their premiums with the understanding that their medical expenses will be covered in the event of an accident. That is the promise of **Personal Injury Protection (PIP)**. When insurers reduce payments below our billed amounts, we are forced either to collect the balance from the patient or absorb the financial loss. This is unfair to both the patient and the provider.

Moreover, while insurers continue to raise premiums year after year, they are simultaneously cutting payments to healthcare providers. This is a trend that benefits large corporations at the expense of both the public and small business owners like myself.

I urge you to consider the broader implications of allowing this practice to continue unchecked. It harms providers, burdens patients, and undermines the integrity of the healthcare and insurance systems in Washington State.

Thank you for your time and consideration.

Sincerely,

**Michael V. Long, DC**

Practicing Chiropractor, Washington State