

OIC Rules Coordinator

From: Moore Chiropractic, PLLC <thedrsmoore@moorechiropractic.com>
Sent: Tuesday, August 5, 2025 10:49 AM
To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication draft comment

External Email

To the Washington State Office of the Insurance Commissioner,

As a licensed chiropractic provider at **Moore Chiropractic in Olympia, WA**, I am writing to express strong support for the proposed rule changes that would prohibit property and casualty insurers from denying or reducing reimbursement for claims without first conducting a reasonable and individualized investigation.

We specifically support the inclusion of the following language in WAC 284-30-330 (4):

"Any denial or refusal to pay claims in part or in full without conducting a reasonable investigation. A reasonable investigation includes, but is not limited to, conducting an individual assessment of either the covered loss or damages, or both, and cannot rely solely on the use of a database."

We also support—and encourage the enhancement of—WAC 284-30-380 (8) with the following:

"If any insurer uses a database or survey to account for either material pricing, or labor rate, or both, and upon request of the claimant, the insurer must provide the claimant with the date the data was collected, where the data was collected from, which businesses provided the data, and whether the business will honor the price provided if the insured were to consider using them."

We urge the Office to also consider adding language that specifically addresses the use of artificial intelligence (AI) and third-party vendors in claim decisions. Consumers should have the right to know if claim outcomes are being determined by AI tools or algorithms rather than by medical professionals reviewing individual cases. As we've seen in the health insurance space, these technologies—especially when outsourced to third-party vendors—can lead to claim decisions that lack transparency and clinical context.

This issue is of great concern to our practice. Increasingly, we're seeing chiropractic claims being reduced or outright denied based solely on automated systems and benchmark databases, such as Fair Health, which are not publicly transparent or reflective of individualized care. These systems ignore clinical documentation, patient outcomes, and provider expertise, instead applying generalized averages to cases that deserve personalized review.

This trend is harmful—not only to providers like Moore Chiropractic—but also to the patients we serve every day in Olympia and surrounding communities. Chiropractic care is a well-established, cost-effective treatment for musculoskeletal conditions, including back and neck pain, which are among the top reasons for missed work and disability across Washington.

Several respected studies confirm the value of chiropractic care:

- A **2016 study in the *Journal of Manipulative and Physiological Therapeutics*** found that patients receiving chiropractic treatment for low back pain had significantly lower overall healthcare costs compared to those who received standard medical care.
- A **2013 OptumHealth report** showed that including chiropractic benefits reduced total treatment costs by over 40%.
- The **Washington State Department of Labor & Industries** has consistently recognized chiropractic care as effective in reducing disability durations and helping injured workers return to work faster.
- Organizations such as **The Joint Commission** and the **CDC** recommend chiropractic and other non-pharmacological care as first-line options for chronic pain, playing a critical role in reducing opioid use and avoiding costly interventions.

Despite all this, we continue to see insurers lean on algorithm-driven cost reduction tactics that overlook real-world value, personalized outcomes, and patient well-being.

The proposed rule changes would help correct this injustice by holding insurers accountable for performing a true investigation—not relying solely on databases or third-party vendors to make decisions that impact the lives and health of Washingtonians.

At **Moore Chiropractic**, we believe patients deserve a fair and transparent claims process. Insurers must be required to evaluate claims based on medical necessity and documented outcomes—not arbitrary price points generated by opaque databases. Patients are paying premiums with the expectation that they will receive the care they need. When claims are denied or underpaid without proper review, both patients and providers are left carrying the burden.

We fully support the proposed rule changes and appreciate your efforts to ensure that Washington patients continue to have access to high-quality chiropractic care.

Sincerely,
The providers at Moore Chiropractic

Your referrals are never expected but always appreciated.

Help us spread the word!

Reviews can help us to expand and introduce more people in need of our modern approach to chiropractic. Help get the doctors names out there by leaving your experience on [Google](#) or [Yelp](#) today! We appreciate your time and effort in the growth of this one of a kind practice :)



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