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| **From:** | Dr. Hanson <DrHanson@lakestevenschiro.com> |
| **Sent:** | Thursday, July 31, 2025 3:17 PM |
| **To:** | OIC Rules Coordinator |
| **Subject:** | R2025-05 First Prepublication draft comment. |

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External Email

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To:  Office of the Insurance Commissioner

I am writing regarding the reduction of payments by PIP insurance carriers based upon a recent court decision.  As a Washington State practicing chiropractic physician for 33 years, I have seen more and more PIP carriers reducing the billed amount based upon a "fair health database".
A few important notes regarding this issue:

- The insurers do not and will not disclose how they come up with the rate.  Where is this "fair health database" and who controls the data?
- It is important to note that the PIP carriers all have different rates, yet supposedly they are based upon a common "fair health database"?
- Auto insurers, using a "fair health database" to discount medically necessary coverage without disclosing this to their client that their coverage will not be paid in full under the PIP or med pay policy, is not transparent.   This tactic puts their insureds at risk for collection actions.
- These insurers do not consider the financial difficulty the added burden of the unpaid amounts applied to the patient can cause to their insured and inhibit their care.  <u>Patients are left with the unpaid responsibility by their insured</u>.  The tactic used by the insurer is to indemnify the patient from any collection actions.  This creates an adversarial situation with the patient left in the middle <u>due to the actions of their own insurer</u>.

I ask that the OIC takes action to eliminate, or at a minimum, limit the "fair health database" in a way that is transparent, objective, and does not put the patient in a position where their bills are not fully covered with the insurance that they purchased.
I would be happy to discuss further if needed.

Sincerely,

Dr. Peter Hanson
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