

OIC Rules Coordinator

From: Melissa Johnson <Melissa@bogardjohnson.com>
Sent: Friday, August 1, 2025 4:20 PM
To: OIC Rules Coordinator
Subject: comments for minimum standards for claims handling rule

External Email

On behalf of the Washington Chapter of the American Physical Therapy Association (APTA Washington), I am submitting comments in support of the proposed rule that clarifies and updates the minimum standards for claims handling. APTA Washington represents the interests of over 8000 physical therapists and physical therapist assistants in Washington.

APTA Washington supports the proposed rule change that prohibits property and casualty insurers from denying or reducing reimbursement for claims without conducting a reasonable investigation. Further, APTA Washington supports the additional proposed language that prohibits these insurers from relying solely on the use of a database to investigate claims.

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.”

APTA Washington also supports the proposed language requiring transparency when a database is used.

WAC 284-30-380 (8):

“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.”

While databases can offer efficiencies in administrative processes, their use in decision-making—particularly in areas as nuanced and individualized as physical therapy—poses serious risks. Relying on generalized data sets and rigid parameters do not reflect the complexity of real-world cases. Therefore, it is imperative that consumers know how and when databases are used when insurers manage their claims.

Physical therapy helps individuals regain mobility, reduce pain, and restore function without the need for surgery and opioid medications. The value of physical therapy continues to be demonstrated. According to a 2023 [APTA report on the economic value of physical therapy](#), physical therapy was found to have a net economic benefit for a variety of conditions including low back pain.

Consumers and providers must have a transparent insurance claims management process to ensure a fair outcome. A clear and accessible claims process allows consumers to understand their rights, coverage, and expected outcomes. When consumers can see how claims are evaluated and resolved, it builds trust in

insurers and the broader healthcare system. Most importantly, a complicated and opaque claims system can deny equitable access to health care.

Thank you for the opportunity to comment on these proposed rules. We appreciate your commitment to consumer protection.

Melissa

Melissa Johnson
Bogard & Johnson
360.280.6429
melissa@bogardjohnson.com

OIC Rules Coordinator

From: Melissa Johnson <Melissa@bogardjohnson.com>
Sent: Wednesday, August 6, 2025 10:25 AM
To: OIC Rules Coordinator
Subject: comments for minimum standards for claims handling rule

External Email

On behalf of the Washington Chapter of the American Physical Therapy Association (APTA Washington), I am submitting comments in support of the proposed rule that clarifies and updates the minimum standards for claims handling. APTA Washington represents the interests of over 8000 physical therapists and physical therapist assistants in Washington.

APTA Washington supports the proposed rule change that prohibits property and casualty insurers from denying or reducing reimbursement for claims without conducting a reasonable investigation. Further, APTA Washington supports the additional proposed language that prohibits these insurers from relying solely on the use of a database to investigate claims.

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.”

APTA Washington also supports the proposed language requiring transparency when a database is used.

WAC 284-30-380 (8):

“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.”

While databases can offer efficiencies in administrative processes, their use in decision-making—particularly in areas as nuanced and individualized as physical therapy—poses serious risks. Relying on generalized data sets and rigid parameters do not reflect the complexity of real-world cases. Therefore, it is imperative that consumers know how and when databases are used when insurers manage their claims.

Physical therapy helps individuals regain mobility, reduce pain, and restore function without the need for surgery and opioid medications. The value of physical therapy continues to be demonstrated. According to a 2023 [APTA report on the economic value of physical therapy](#), physical therapy was found to have a net economic benefit for a variety of conditions including low back pain.

Consumers and providers must have a transparent insurance claims management process to ensure a fair outcome. A clear and accessible claims process allows consumers to understand their rights, coverage, and expected outcomes. When consumers can see how claims are evaluated and resolved, it builds trust in

insurers and the broader healthcare system. Most importantly, a complicated and opaque claims system can deny equitable access to health care.

Thank you for the opportunity to comment on these proposed rules. We appreciate your commitment to consumer protection.

Melissa

Melissa Johnson
Bogard & Johnson
360.280.6429
melissa@bogardjohnson.com