

## Oregon Passes No Managed Care in Auto PIP/Med Pay Law

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The Chiropractic Association of Oregon was just successful in passing Senate Bill 585, a monumental piece of legislation that bars auto-insurance carriers from entering into managed care contracts. This bill goes even further, as it also protects a chiropractor's outstanding charges from hospital liens if the provider treated the injured motorist first. No longer in Oregon can hospitals "jump to the front of the line" and deplete the PIP benefits, leaving chiropractors empty-handed.

The passage of SB 585 was the culmination of some three and a half years of work, beginning before the 2003 Oregon legislative session. During the 2003 legislative session, the Chiropractic Association of Oregon introduced a similar bill, House Bill 2018, which was promptly killed.

In the 2005 legislative session, we introduced several bills. One of these was designed to accomplish three things: eliminate the new workers' compensation fee schedule; disallow auto carriers from entering into managed care contracts; and set up a new external PIP review system within the Insurance Division.

Shortly after introducing this bill, officials from State Farm Auto Insurance Company contacted me and asked for a meeting. The meeting included the head of the West Coast PIP division and State Farm's lobbyist in Oregon. We had a straightforward meeting with the officials from State Farm; their primary concern was losing the new Oregon workers' compensation fee schedule. We had multiple meetings following this initial get-together, which ultimately resulted in each side giving up some of what they wanted and as such, arriving at a piece of consensus legislation.

Key to gaining this piece of consensus legislation was the proactive action the Chiropractic Association of Oregon took relative to excessive treatment abuses. That action was to spearhead a new Oregon Administrative Rule that amended our "Clinical Justification" section, to add language that now uses evidence-based outcomes management strategies as a determinate of what constitutes necessary curative treatment. The following is the new administrative rule language:

"Evidence based outcomes management shall determine whether the frequency and duration of curative chiropractic treatment has been necessary. Outcomes management shall include both subjective or patient-driven information as well as objective provider-driven information."

I am equally proud to report that a survey of the Chiropractic Association of Oregon's membership yielded a 99.9% consensus that such a rule was needed, and a subsequent survey of all colleagues in the state yielded an 87% consensus!

The lobbyist from State Farm, Mr. John Powell, is a former Oregon state senator; he is extremely well-respected and is the leader among the auto-insurance lobbyists who meet weekly at the Capitol. Mr. Powell was a tremendous help all along the way, and no matter whom I spoke with, they spoke well of him, and for good reason, as he is a gentleman of uncompromising integrity.

Yes, dear colleagues, I'm speaking of State Farm Auto Insurance Company! If you have noticed

over the few years, State Farm seems to have changed the way it does business. If you are considering changing your insurance company, if you're tired of seeing your auto-injury patients being trashed by other carriers, you may want to consider switching to State Farm, and telling your patients to do the same. In my opinion, good works need to be rewarded, and for the companies that trash our patients, there needs to be a consequence to their hurtful actions.

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*Editor's note:* As we go to press, there is every indication that SB 585 will be signed into law. In fact, Dr. Saboe and the Chiropractic Association of Oregon have requested a signing ceremony with Oregon Gov. Ted Kulongoski.

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