



Senate Bill 162 – Proponent Testimony
Senate Financial Institutions, Insurance and Technology Committee
October 21, 2025

Chairman Wilson, Vice Chairman Lang, Ranking Member Craig and members of the Senate Financial Institutions, Insurance and Technology Committee, thank you for the opportunity to provide supportive testimony regarding Senate Bill 162 on behalf of the Ohio Physical Therapy Association (OPTA), which represents approximately 4,000 physical therapists, physical therapist assistants and students of physical therapy working in a variety of healthcare settings across the state.

Insurance takebacks, also known as claw backs, occur when an insurance company retroactively denies or reclaims payments made to healthcare providers, often months or years after the claim was processed. These takebacks create unnecessary financial risk, administrative stress, and barriers to patient care, making them a tremendous burden for healthcare providers.

A take back of a claim can happen even if that person is no longer a patient. To recoup payment, the physical therapist must track down the individual to bill them for care rendered or write it off as a bad debt.

These claims are NOT fraudulent. The care was delivered, the patient received care, the claim was submitted, and the claim was reimbursed. Insurers might then rereview the claim and make a retroactive determination on medical necessity, but doing so years after the care is provided is excessive.

One example is from a practice that received a bill from a large insurance company for over \$5,500 in take backs. The notice was received in December 2024 and the claims reviewed dated back to November 2021. The stated reason was that the provider was paid the incorrect rate due to an error in the insurer's system -- one that wasn't correct for several years.

In another example, a \$980 takeback was sought by an insurer in 2024 for dates of service in early 2023. The stated reason was the patient didn't have active coverage. When the provider sought reimbursement from the patient, they would not provide any other insurance information and told the practice, "You said we were covered, so we do not have to pay". This original coverage determination was based on the insurance verification made by the physical therapy office speaking to the insurance company. The provider did their due diligence to verify coverage but still were subjected to this take back over a year later.

OPTA supports this legislation to limit the amount of time payers have to audit claims for takebacks to the amount of time they give to providers to submit claims. This strikes an appropriate balance to allow claims review, while not creating unnecessary burdens for patients and providers.

Thank you for your consideration of this perspective.

Sincerely,

A handwritten signature in black ink that reads "Mike Mathy". The signature is written in a cursive, flowing style.

Michael Mathy, CAE
Executive Director