

## **SENATE BILL #61: AN ACT REMOVING THE REQUIREMENT OF EMPLOYER OR INSURER PREAPPROVAL FOR THE PROVISION OF CERTAIN MEDICAL EXAMINATIONS AND TREATMENT TO INJURED WORKERS.**

My name is Dr Oluremi Aliyu. I am an Occupational and Environmental Medicine Specialist at the University of Connecticut Health Center, Farmington, Connecticut.

I am writing to support Senate Bill # 61: an Act removing the requirement of employer or insurer preapproval for the provision of certain medical examinations and treatment of injured workers.

Based on my experience in the practice of clinical Occupational Medicine, delay in the provision of necessary medical care after occupational injury or illness, (such as delay in referral to rehabilitation and specialists and delay in getting certain tests to make accurate diagnoses) often lead to decreased rate of recovery and decreased likelihood of maximum recovery resulting in poor outcomes such as increased time off work, decreased potential for returning to work, poor quality of life, disability and increased costs to the employer. Both the employees and employers benefit from prompt medical care as it results in a better recovery experience and saves money.

Specific examples based on my clinical practice:

1. Employees with injuries to the musculoskeletal system whose referral to specialists, physical therapy and diagnostic testing are delayed or interrupted almost always experience delays in getting better, more time lost from work and poor morale often resulting in lack of motivation to return to work.
2. Delays in obtaining approval for full pulmonary function tests (PFT) have led to instances of inappropriate removal of employees from work (unnecessary lost time) for presumed work-related occupational restrictive lung disease as sometimes, the tests come back as normal when the employees eventually get the test done. A delay in getting a full PFT sometimes leads to a rush in getting some other unnecessary tests. Also, the result of PFT can vary on a day-today basis depending on the disease, so a PFT done 3 weeks from now for symptoms that occurred today does not accurately assess today's symptoms. Full PFTs have ruled out the presence of lung diseases thereby avoiding the need for further work-up or keeping the employee out of work while conducting the evaluation. PFT is a simple and relatively inexpensive test that is often necessary to further evaluate abnormal office spirometry test for lung disease and **SHOULD NOT REQUIRE PRE-APPROVAL.**

Respectfully submitted by:

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