

March 20, 2012

Dear Sirs:

I am writing this letter in support of Senate Bill 424. This bill would establish a pilot program for simplifying the medication prior authorization process through development of a standardized, universal PA form. Given the vast quantity of forms CT insurers currently require this would be a good first step toward simplifying and eventually modernizing the PA process via electronic mechanisms. Our practice is presently utilizing electronic medical records and it only makes sense to use the same system that we presently use to electronically prescribe medications. It would reduce administrative costs, add much needed patient protection and ultimately improve patient care. The current prior authorization process is cumbersome, complicated, costly and delays patient care. When I see that a prior authorization needs to be done, I cringe and put it to the back of the pile. It forces me to stop doing patient care and do unnecessary paperwork or make another several phone calls. I, as well as my staff, must navigate a highly complex web that includes paper forms, faxes and automated telephone systems in order to get to the right person to talk to. To top it off, every insurer has their own process through which we have to navigate. The AMA found that physicians and staff spend 20 hours per week on such tasks adding up to 1 out of every 5 work days being spent on pushing paper and making phone calls instead of caring for patients. This translates into \$23-31 billion dollars being wasted every year on administrative tasks like prior authorizations. Because these PAs cannot be done electronically, even though I e-prescribe, I am forced to go back to paper and phone calls to get these PAs done. Once we have completed our part, the authorization itself may take days to be completed on the insurers end, leaving the patient without medication for all that time.

We fight through these time consuming hassles and absorb the cost because we are committed to the well being of our patients. The insurers don't seem to care about that at all.

It is time to reform the prior authorization process. Employers and Connecticut can no longer pay for this type of egregious administrative waste and we should not have to be forced to accept this level of care for our patients.

SB424 would simplify the process by moving to a standard, universal prior authorization form and set the stage for faster, more efficient electronic processes when they become available.

Thank you for your time and all of your efforts.

Sincerely,

Morris Papernik, MD
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