

FTR

February 18, 2013

Insurance and Real Estate Committee
Room 2800, Legislative Office Building
Hartford, CT 06106
Phone: 860-240-0510

Dear Chairman Crisco and Megna,

Prior authorization is a bureaucratic program that keeps a patient from receiving his or her prescribed treatment. It's a scenario that plays out every day all across the country, from treatment of arthritis to fibromyalgia to cancer to almost every medical condition. Unfortunately, physicians must justify to health plans why the selected drug or procedure is medically necessary for the patient—a process which can take several days and, in the end, may be for nothing as the drug or procedure may be denied regardless of a physician's request.

The solution in Connecticut is to support SB 861: AN ACT CONCERNING THE MODERNIZATION OF CERTAIN MEDICAL FORMS. Collectively, we, the voice of the patients and physicians in Connecticut, ask for your support

The price tag to physicians for dealing with prior authorizations is an estimated \$31 billion nationwide per year...or roughly \$68,274 average per physician, per year.¹ Pharmacists spend an average of 5 hours per week handling prior authorization requests—time which is non-reimbursable and takes away from direct patient care.² In terms of care, the patient is usually the loser, often waiting days to obtain a needed medication. A nationwide physician survey indicated that more than two-thirds (69%) of physicians typically wait several days to receive preauthorization from an insurer for drugs, while one in ten (10%) wait more than a week.³ That's a week which a patient remains untreated.

A physician should have all of the therapeutic options available to treat a particular patient, and the physician should know immediately whether those options are covered under the patient's plan. Timely electronic prior authorization will empower physicians and patients to discuss appropriate treatment at the point of care, allowing the physician to select the medication best suited for

¹ "What Does it Cost Physician Practices to Interact with Health Plans?" Lawrence P. Casalino, et al. Health Affairs, Volume 28 No. 4 w533-w543. July/August 2009

² Survey shows, on average, 4.6 hours per week are spent channeling the approval process," August 11, 2008. Martin Sipkoff.
<http://bit.ly/z6Fug0>

³ "New AMA Survey Finds Insurer Preauthorization Policies Impact Patient Care," November 22, 2010. <http://bit.ly/xsd6pE>

treatment while at the same time considering the patient's cost factors. With patient-specific information at the point of care, a physician will be able to discuss treatment options with the patient; handle prior authorizations in real-time; and send a clean prescription to the pharmacy with no additional delays and no unknown, cost prohibitive factors for the patient—a scenario which will result in better patient care and better healthcare overall.

Thank you for supporting SB 861: AN ACT CONCERNING THE
MODERNIZATION OF CERTAIN MEDICAL FORMS..

Sincerely,

Paul Gileno
President, US Pain Foundation