

NEUROLOGICAL GROUP PC

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To: GLtestimony@cga.ct.gov.

Subject: Hearing March 8, 2016, HB 5434

To the Honorable Chairs Senator Leone and Representative Baram; co-chairs Senator Larson and Representative Kiner, and Ranking Members, Senator Witkos and Representative Carter:

I apologize for not being able to personally appear before your committee to testify regarding HB 5434. Unfortunately, I am recovering from a patellar fracture and cannot possibly get to Hartford at this time.

As an introduction, I am a practice manager in a neurology practice and have worked in the medical field for approximately 40 years. I've seen many changes over the years, too many to list. Basically, here is what I would have said in person if I had been able to attend your hearing:

HIPAA, PQRS, EHR, Sequestration, ACO, HEDIS, PECOS, ACA, CERT, ICD-10 – these are just a few of the rules and regulations that provider offices deal with every day. In addition, we deal with insurance company requirements for prior authorizations, precertifications, and pre-payment claims reviews. The list goes on. Now, we have to deal with the requirements to check the PMP website for all schedule drugs that providers prescribe. Which medications providers can prescribe are already limited by insurance company drug formulary lists, quantity limits, step edits and tier exceptions and now by the necessity of checking a website.

While I understand the necessity to make sure patients are not 'double-dipping' or 'doctor shopping', somethings can be done to make the regulations less onerous.

First, eliminate all schedule V and also schedule IV seizure medications from the regulation. Second, require all pharmacies in the state, including those on military bases and tribal reservations, to report to the PMP. Third, allow providers to delegate staff members, who are not necessarily licensed medical professionals, access to the PMP website to print out reports, which would save providers from personally taking the time from patient care to check the website.

I feel the original bill was passed with all good intentions; however, with unintended consequences. Providers are squeezed for time due to over-regulation, decreased reimbursement and increased paperwork. The current legislation makes it likely that a provider would choose a medication that is easiest to prescribe and not necessarily the best medication for the patient. In addition, providers with patients who are stable on long-term medications may find themselves forced to switch to a less effective medication to lessen the administrative burden required to keep them on the most effective medication. Patients with chronic pain may find it difficult to

obtain legitimate medical treatment and may instead turn to illegal drugs which, in some cases, may be easier to obtain. There is a severe lack of pain management centers and mental health providers, especially in Southeastern Connecticut.

We read the papers and see the news reports and are all too familiar with the heroin epidemic facing our state. We agree that steps need to be taken by everyone to address this epidemic. However, patients with chronic pain still need to be treated with chronic pain medications. The additional burdens placed on medical providers and the possible results of those burdens need to be taken into consideration when passing or amending legislation. The consequences of your actions need to be evaluated and unintended consequences need to be avoided.

I would be more than happy to discuss this issue with any members of the Committee, or any member of the legislature – local, state or federal. I appreciate your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Rosemary Stephenson". The signature is written in black ink and has a long, sweeping horizontal line extending to the right.

Rosemary Stephenson
Practice Manager