Thank you for taking the time to give attention to the medical hurdles caused by unnecessary prior authorizations. I have been in practice in Stowe for 15 years and in that time the administrative burden required to practice daily is increasing to unbearable levels.

Seeing patients is a joy and a privilege, but the hoops we have to jump through causes apathy in physicians and delays in care. I have hundreds of examples because this happens every single day.

Today I was on the phone with an insurance company trying to get them to approve the drug Humira to a man who has taken it for 10 years. I manage this as I have for years as his PCP, for a condition originally diagnosed and confirmed with rheumatology a decade ago. For no apparent reason now I am being told that this stable patient of mine must see a rheumatologist to get this medication for his stable condition. This is prior authorization at its worst, because it prohibits me from working at the top of my license, and undermines the competency of primary care.

I have battled this case for the last month and he has been without his medications. I have explained that he is stable, I am managing his condition, I am competent to do so, and a referral to rheumatoid arthritis is both expensive and unnecessary, and also unlikely to happen in the next year!

Last week I had to go around in similar circles for a pediatric patient with asthma regarding their fluticasone inhaler. Medications are denied and formularies changed without explanation or predictable patterns. I have gotten in the habit of writing “or other comparable medication” on my prescriptions because I have no idea what will be covered, what will require a prior authorization and how long care will be delayed. Thank goodness for good pharmacists!

These barriers to care are serious. They are negligent. They are a total overreach by insurance companies, and they cause burnout in primary care.

My last example regarding prior authorizations is around advanced imaging. Family docs have been proven to save money by knowing their patient populations and ordering fewer unnecessary tests compared to our specialty and emergency medicine peers. That said, when I order a cat scan, I want a cat scan and have made highly trained clinical decisions to come to that conclusion.

It is disheartening to learn that insurance company protocols and employees with much lesser degrees than mine can just say…no. No you can’t get the CT. No, you can’t get the MRI.

It is embarrassing to admit, but I have learned that if I am truly worried about a patient with a condition where I have determined that they need a same day CT, I do not even try to order it. I send them to the ER (where they do not have to contend with prior authorizations, even though in my opinion they order far too many imaging studies).

I do what is right in the moment for my patient, but sending them to the ER in these cases costs the patient and the system more money. Without prior authorization hurdles I would be able to practice the full spectrum medicine I was trained for.

Thank you for your attention to this matter.

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