Good afternoon,

I am reaching out to voice support from myself and colleagues for H. 766 - An act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts.

The amount of time that Providers and office staff spend on prior authorizations (PA) is not only a paperwork burden it directly decreases patients' access to care. On any given day there are Procedures, Medications, and Diagnostics that all require PA's. This includes time by office staff, nurses, and providers.

Wait times and access to care are directly related to this because the unnecessary paperwork PAs create for healthcare directly increases cost and decreases access.

Two recent examples:

I recently admitted a patient to the hospital who was unable to obtain home oxygen (O2) and was found to have sat of 78% by EMS, the home O2 was qualified in the cardiology office, and paperwork was sent to the vendor who sent it back to the PCP who was out of the office for 3 days (Fri - Sun) on Monday the PCP's office found said papers and called the vendor who stated that the patient needed a PA for the O2 with their insurance. The PCP's office contacted the patient to find them admitted to the hospital r/t hypoxia. The patient was admitted on a Sunday and it was Tuesday evening before this was all sorted out. --> no acute illness --> waste of resources and provider time. There was no concern with the documentation sent by the Cards office --> only that a PA form needed to be filled out.

I have in the past admitted patients for lack of access to the correct oral antibiotics (culture and sensitivity-based) when it required a PA and it could not be done timely. --> Again, a waste of time and resources.

I would be honored to speak to your committee about this as you are considering H. 766 - An act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts.

Respectfully,

Michelle

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