

To: The RI House Committee on Health and Human Services
Date: 2/28/24

I am writing in support of H. 7263. I am an internist and have been practicing in Rhode Island for almost 40 years. Over the course of my career, I have seen increasing interference in my ability to care for my patients by the private insurance industry. One of the most intrusive practices that has been forced on medical practice has been the use of “prior authorizations (PAs)” for tests, treatments and especially prescription drugs.

According to a recent survey of physicians by the American Medical Association, 89% reported PAs had a negative impact on patient clinical outcomes, 94% reported PAs delayed necessary care, and 80% reported PAs led to patients abandoning a recommended course of treatment.¹ While insurers cite studies in support of their claims that PAs save money and lower prescription drug use, none of these studies show that morbidity and mortality rates are improved.

I appreciate the Office of Health Insurance Commissioner’s “Administrative Simplification Task Force” is looking into reducing prior authorization burdens on patients and providers, but it is imperative that it does what H. 7263 requires: focus on prescription drug PAs and produce a report on this most serious PA issue as soon as possible.

Prescription drug PAs are at least 80% of the PAs that I confront in my practice. Since I have no way of knowing whether a given drug is covered by a given insurance plan, I spend several hours per week trying to figure out what prescription drug is covered and requires a PA. As time goes on, I am spending increasing time dealing with the forms and procedures demanded by insurance companies in order for my patients to be able to receive medicines I have prescribed.

Frequently, I only find out the drug in question is not covered or is subject to a PA after the visit is over and the patient has arrived at the pharmacy. The patient or pharmacy then either has to call us or notify us via email. This delays care, which in the case of drugs used to treat conditions such as pneumonia, atrial fibrillation or coronary artery disease, can be potentially life-threatening.

To attempt to deal with the massive amount of work needed to cope with prescription drug PAs, my practice has had to hire a pharmacist to help with the PA process. So now, in addition to all the time primary care physicians have to spend dealing with PAs, we are paying another professional who should be giving care to patients to deal with policies imposed by insurers.

Prior authorizations exist only to protect the finances of insurance companies and are abusive and potentially dangerous to people needing care. I ask that you pass H.7263 and measures be taken to rein them in.

Sincerely,

J. Mark Ryan MD, FACP
Chair, RI Chapter, Physicians for a National Health Program

¹ <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>