



## **Testimony in Support of SB 382**

April 9, 2013

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Chair Monnes Anderson and Members of the Committee:

Thank you for the opportunity to submit testimony on behalf of the Oregon Nurses Association and Nurse Practitioners of Oregon in support of SB 382.

My name is Linda Morley and I am a Psychiatric Mental Health Nurse Practitioner in private practice in the Salem area.

SB 382 directs the Oregon Health Authority and the Oregon Department of Consumer and Business Services to develop a universal prior authorization form for prescription drugs. A universal form will allow providers and pharmacists to get patients the medicine they need faster and more efficiently. The bills also requires insurance companies to respond to prior authorization requests within two business days, giving insurance companies time to respond, ensuring patients don't have to wait for their medications, and reducing hassle for prescribing providers.

In my experience, while one or two commercial insurance companies have a process for providing this information by a simple phone call, most have a particular form they require us to use and they all have different requirements for the amount and type of information that needs to be submitted. It generally takes me about 30 minutes to glean the information from the patient's chart that the insurance company is requiring, complete the form, and then fax it to the insurance company.

Some insurance companies respond to these requests in a timely manner, others are not so prompt. Following are two examples experiences I've had in the past few weeks related to prior authorization for medications I prescribed to my patients.

Patient 1 was admitted to an alcohol treatment center at her request and my recommendation.

- While in inpatient treatment she was prescribed a medication used to support sobriety and decrease cravings.
- After she was discharged, she was doing well, but discovered that her insurance would not pay for this medication.
- I submitted a prior authorization request and it was denied.
- The non-medical staff at the insurance company told me which medication I had to prescribe instead.

- I switched the patient to this medication and she began having side effects. She fell twice and was injured, requiring medical treatment.
- She stopped the medication the insurance company had recommended and subsequently relapsed.
- I submitted another request to her insurance company and it was approved after three days.

Patient 2 was recently hospitalized twice within a two-week period for suicide attempts.

- While in the hospital the first time she was prescribed and stabilized on the medication Cymbalta, a medication her Primary Care Provider had also recommended because it treats both depression and pain.
- Once she was discharged, her insurance would not pay for this medication. They wanted her to first try a less expensive medication (there is no generic equivalent for this medication).
- During her years of treatment she has tried at least 18 different mental health medications.
- She has been hospitalized four times in the two years I have been treating her and many times in the years before that.
- I completed the paperwork for a prior authorization and submitted it to her insurance.
- She was hospitalized again before it was approved.

Both of these examples show the negative impact to the patient when a prior authorization process results in denial or delay, and indicate the need for a single, simplified prior authorization form that requires a response within a set time period. This will reduce communication time between insurance companies, providers and pharmacists, and will allow providers, pharmacists and their staff to spend more time with patients and less time phoning, faxing, and filling out different forms for different insurance companies. Additionally, it will enable patients to access needed medications more quickly.

By improving efficiency, these bills decrease costs, and give providers more time with patients; improving the quality of their care. SB 382 can improve medical care for patients and improve the practice of medicine for providers.

The Oregon Nurses Association and Nurse Practitioners of Oregon encourage you to support SB 382.