

Testimony submitted via email.

I'm concerned that when insurance companies make providers go through the prior authorization process. It will cause unnecessary roadblocks to me getting the care I work hard for and pay premiums to cover. I find it troubling that rather than following the expert advice of my clinician I am forced to adhere to a treatment plan laid out by the administrative staff of an insurance company. Furthermore, it seems that my acupuncturists will no longer be able to perform the array of procedures that they are trained in, leading to an inferior level of care. The letter sent to my clinician explains that these changes are being put into place "to provide it's recipients with access to high-quality, cost-effective care". I don't understand how limiting my access to care equates to "high-quality". It seems that this is driven solely to be "cost-effective" and that I take issue with my care being managed so they can reduce costs. Worse, this will have a long term increase on costs, because providers will see fewer patients because of the increased workload to obtain pre-authorization

Thank you

Briana Singh - a resident with health needs.