

To whom it may concern,

I am a home health physical therapist who has seen the detriment of my patients who are physically and/or mentally unable to fight their insurance company for prior authorization for a medication or treatment their physician has prescribed. Those who do not have an advocate that understand the intricacies of dealing with tricky insurances whose decisions are made not by physicians, but by corporate entities whose primary concern is making money, suffer greatly. While those who do have an advocate must still fight to jump through ambiguous hoops, and it places undue burden and stress on them and their loved ones. Many give up, go inadequately treated, and wind up in a vicious cycle that ends in a downward spiral.

I speak from a place of personal as well as professional experience. As a chronic pain patient, I have tried every type of treatment available to be able to function. It has been very frustrating to have a new rule imposed, and the medication I have been on for some time and that has been effective, no longer be covered until a prior authorization received, and/or other meds tried (that I have already tried and failed to work). This is the definition of insanity, and I now understand why so many people give up.

Please pass legislation that will simplify these processes so that more people receive the treatment recommended by skilled physicians, while reducing the administrative burden for all clinicians and patients alike.

Thank you,

Jen Marty, DPT