

L A T E

Hawaii Academy of Physician Assistants

RE: SB 2436 RELATING TO PRESCRIPTION DRUGS

Tuesday, March 13

9:00 AM

Room 329

IN SUPPORT

House Health Committee

Representative Ryan Yammane, Chair

Representative Dee Morikawa, Vice Chair

Chairs & Committee Members:

The Hawaii Academy of Physician Assistants supports the development of a uniform prior authorization form for prescription drugs. Unfortunately, too much time in the practice of medicine is spent on administrative paperwork, leaving less time for patient care. The number and complexity of the Prior Authorization forms adds to that administrative burden, increases the costs of providing care and causes delays in the delivery of medications to patients.

The requirement for a patient to go through the prior authorization process multiple times a year for the same medication for the same condition is unnecessary, time consuming, administratively costly. There are many complexities and pitfalls surrounding the preauthorization process and SB 2436 only touches the surface of this complex issue. It is, however, a step in the right direction to simplifying one phase of this complicated process. HAPA supports passage of SB 2436 as an initial step in simplifying the process of preauthorization for prescription drugs.

Fielding Mercer, PA-C

President

Hawaii Academy of Physician Assistants

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1240 Ala Moana Blvd., Suite 225 • Honolulu, HI 96814

March 13, 2012

Committee on Health
Chairman, Representative Ryan Yamane
Hawaii State Capitol
415 South Beretania, Room 420
Honolulu, HI 96813

RE: SB 2436 Support

Dear Representative Yamane:

The Epilepsy Foundation of Hawaii (EFH) supports SB 2436 requiring streamlining the Prior Authorization (PA) process for prescription drugs.

More than 15,000 Hawaii residents live with a diagnosis of epilepsy and require daily medication to manage or better control their seizures. The Epilepsy Foundation of Hawaii is a 501(c)(3) nonprofit organization established in 1971 providing direct services, programs, support and advocacy to those living with epilepsy and their families and caregivers.

Currently there are at least six different Prior Authorization forms from various insurance carriers, or specific plans under the same carrier. Some may take one day to review and provide a decision; others often take up to 14 days to review and provide a decision.

The current PA process impacts the time to treatment and timely access to needed medications. The potential for error is also increased because clinic staff must navigate a system that is unnecessarily complex. Most PA forms do require the same information be provided from the prescriber; however the form can be rejected if an incorrect form was submitted or an outdated form was submitted.

Having one PA form used by all insurers makes sense. Mandating a two day turn around will improve patient care, decrease lapse in medications and hold insurers accountable to provide swift, timely medication decisions.

SB 2436 is an important health care bill for people living with epilepsy. The Epilepsy Foundation of Hawaii strongly supports SB 2436.

Sincerely,

Nancy E. Brown
Executive Director

"You are not alone"

Phone: 808-528-3058, 866-528-3058 • Fax: 866-846-8078 • www.hawaiiepilepsy.com

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HMSA



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March 13, 2012

The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

Re: SB 2436, SD1 – Relating to Prescription Drugs

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2436, SD1 which would mandate the Director of Human Services to establish a single, standard prescription coverage request form. While we understand the intent of the Bill, HMSA opposes this measure.

While standardization is an ideal, the form must be structured to provide sufficient information for reasonable and appropriate decisions to be made, and in a timely manner. Sufficiency of information is paramount to avoiding denials. For example, how would a single form be designed to allow us to distinguish between a \$100 per month drug for hypertension, as opposed to a \$20,000 per month drug for a rare condition?

For the provider and patient alike, timeliness is imperative. That is why HMSA has made great strides to have information and processes available electronically. The formularies and application and appeals forms and procedures already are available on-line for providers.

While we cannot support this measure as drafted, we would reiterate our support to engage in a discussion on this important topic and respectfully suggest that instead of directing the Director of Human Services to create standardized forms and processes, the stakeholders meet to begin discussing the appropriate direction that this initiative should take. With all due respect to the Insurance Commissioner, we believe the responsibility for this should lie with a more independent third-party which could convene a community-wide discussion on this topic, such as the University of Hawaii's John A. Burns School of Medicine.

Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman
Vice President
Government Relations