

**TESTIMONY**

**SB2436**

**HTH Committee Hearing 2/08/2012**

NEIL ABERCROMBIE  
GOVERNOR

BRIAN SCHATZ  
LT. GOVERNOR

STATE OF HAWAII  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
335 MERCHANT STREET, ROOM 310  
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KEALI'I S. LOPEZ  
DIRECTOR

TO THE SENATE COMMITTEES ON HEALTH  
AND COMMERCE AND CONSUMER PROTECTION

TWENTY-SIXTH LEGISLATURE  
Regular Session of 2012

Wednesday, February 8, 2012  
2:45 p.m.

**TESTIMONY ON SENATE BILL NO. 2436 – RELATING TO HEALTH.**

TO THE HONORABLE JOSH GREEN, M.D. AND ROSALYN H. BAKER, CHAIRS,  
AND MEMBERS OF THE JOINT COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner ("Commissioner"),  
testifying on behalf of the Department of Commerce and Consumer Affairs  
("Department"). The Department opposes this bill which requires the Commissioner to  
promulgate a uniform prior authorization form for prescription drugs. The Insurance  
Division does not have the medical expertise in the prescription drug area that would be  
needed to administer a program of this type.

We thank this Committee for the opportunity to present testimony.



**HAWAII MEDICAL ASSOCIATION**

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

**Wednesday, February 8, 2012**

**2:46 P.M.**

**Conference Room 229**

To: COMMITTEE HEALTH  
Sen. Josh Green, M.D., Chair  
Sen. Clarence K. Nishihara, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION  
Sen. Rosalyn H Baker, Chair  
Sen. Brian T. Taniguchi, Vice Chair

From: Hawaii Medical Association  
Dr. Roger Kimura, MD, President  
Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Joseph Zobian, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

Re: SB 2436 RELATING TO PRESCRIPTION DRUG.

In Support

Chairs & Committee Members:

HMA recognizes that standardizing Prior Authorizations reduces some administrative burden for physicians. This is a step in the right direction. **This bill should be passed.** It applies to all health plans, both public and private, and thus covers a wide range of territory that will decrease burdens for health care providers to provide appropriate care to their patients. **Having different prior authorization forms is completely unnecessary and confusing for providers and patients alike. We look forward to working with the plans to accomplish this small step.**

**One way to make Hawaii a less expensive and more viable place to practice is to reduce administrative burden.**

Especially in the case of Medicaid, which is now reimbursing at around 57% of 2006 Medicare rates, the bottom line is that providers lose money whenever they see Medicaid patients. The least that can be done is to reduce the extra administrative costs associated with treating these patients so that instead of losing money and a lot of extra administrative time for working, providers simply lose money when they see Medicaid patients.

**The costs of hassles related to prior authorizations are a large part of the reason we have a severe access to care crisis in Hawaii.** Thank you for the opportunity to testify.

**OFFICERS**

**PRESIDENT - ROGER KIMURA, MD, PRESIDENT ELECT - STEVE KEMBLE, MD  
IMMEDIATE PAST PRESIDENT - MORRIS MITSUNAGA, MD, SECRETARY - THOMAS KOSASA, MD, TREASURER -  
WALTON SHIM, MD, EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, DO**



94-450 Mokuola Street, Suite 106, Waipahu, HI 96767  
808.675.7300 | www.ohanahealthplan.com

Wednesday, February 8, 2012

To: The Honorable Joshua B. Green, M.D.  
Chair, Senate Committee on Health

The Honorable Rosalyn H. Baker  
Chair, Senate Committee on Commerce and Consumer Protection

From: 'Ohana Health Plan

Re: Senate Bill 2436-Relating to Prescription Drug

Hearing: Wednesday, February 8, 2012, 2:45 p.m.  
Hawai'i State Capitol, Room 229

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Ohana Health Plan is managed by a local team of experienced health care professionals who embrace cultural diversity, advocate preventative care and facilitate communications between members and providers. Our philosophy is to place members and their families at the center of the health care continuum.

'Ohana Health Plan is offered by WellCare Health Insurance of Arizona, Inc. WellCare provides managed care services exclusively for government-sponsored health care programs serving approximately 2.4 million Medicaid and Medicare members nationwide. 'Ohana has been able to take WellCare's national experience and that of our local team to develop an 'Ohana care model that addresses local members' health care, long-term care and care coordination needs.

We appreciate this opportunity to testify supporting the intent of Senate Bill 2436-Relating to Prescription Drug, as it seeks to achieve a standardized process and form for prescription drug prior authorizations.

The purpose of this bill directs the Insurance Commissioner to develop a uniform prior authorization form for prescription drugs, with consultation from the health care insurance providers, prescribers, and the pharmacy association. Development and utilization of such a form is aimed at addressing the cumbersome administrative burden on physicians that can contribute to delays in patients getting timely access to their prescription medication.

We would, however, like to point out two things: 1) The National Coalition of Prescription Drug Plans (NCPDP) has been working on developing a uniform prior authorization form that will be recommended for national use upon the mandatory adoption of e-prescribing in 2014; and 2) The standard time period, as set by the federal government under Medicare Part D, for a health insurance provider is currently seventy-two hours, whereas this bill will only allow two business days. We would urge the committee to adopt the current standard time frame of seventy-two hours.

'Ohana Health Plan, as a healthcare provider looks forward to contributing to a meaningful dialogue on how we can collectively improve quality and timely service for our members, while easing the administrative burden of our providers. Thank you for the opportunity to provide these comments.

Faith Action for



Community Equity

Gamaliel Foundation Affiliate

1352 Liliha Street, Room 2  
Honolulu, HI 96817

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The Rev. Alan Mark  
Statewide President

The Rev. Sam Domingo  
Oahu President

The Rt. Rev. Monsignor  
Terrence Watanabe  
Maui President

Mr. Rosario Baniaga  
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Ms. Judy Ott  
Statewide Secretary

Mr. Drew Astolfi  
Executive Director

Mr. Patrick Zukemura  
Oahu Lead Organizer

COMMITTEE ON HEALTH  
Senator Josh Green, Chair  
COMMITTEE ON COMMERCE AND CONSUMER PROTECTION  
Senator Rosalyn H. Baker, Chair

RELATING TO PRESCRIPTION DRUG  
SB 2436

DATE: February 8, 2012 @ 2:45 pm  
Room 229

Good morning Chairs Green and Baker and committee members:

I am Rev. Bob Nakata and I am the Vice-Chair of the FACE Health Care Committee and its past President. FACE is the largest State inter-faith and community organizing non-profit. We have 24 institutions on Maui, 27 on Oahu and one statewide. There are 38 churches, a Buddhist Temple, 2 Jewish congregations, 10 community groups and non-profit organizations and one labor union. FACE has a statewide participating membership base in excess of 40,000.

**We SUPPORT this measure with one change. We request that this measure include FACE as the representative of healthcare consumers, also be consulted by the Insurance commissioner in the development of the prior authorization form.** All too often the patient suffers the consequences of a delay in the ability of their physician to prescribe the right medications. Physicians should be able to promptly provide their patients the medications they need to take right away that will help with pain management and chronic diseases. The administrative requirements for physicians to locate the correct prior authorization form do follow up phone calls with patients, pharmacies, and the requirement of faxing the document, is time consuming and creates unnecessary delays for patients. FACE recommends that a standardized prior authorization process would not only benefit the people of Hawaii but save time and money for payers and providers.

Please pass this measure.

Rev. Bob Nakata  
Vice-Chair  
FACE Health Care Committee



National  
Multiple Sclerosis  
Society  
Hawaii Division

**COMMITTEE ON HEALTH**

Senator Josh Green, M.D., Chair  
Senator Clarence K. Nishihara, Vice Chair

**COMMITTEE ON COMMERCE AND CONSUMER PROTECTION**

Senator Rosalyn H. Baker, Chair  
Senator Brian T. Taniguchi, Vice Chair

Hearing: February 8, 2012, 2:45 PM, Conference Room 229

Person Testifying: Lisa A. Dunn

**RE: SUPPORT OF SB 2436 RELATING TO PRESCRIPTION DRUG**

The National Multiple Sclerosis Society – Hawaii Office supports SB 2436 Relating to Prescription Drug which would require the insurance commissioner to develop a uniform prescription drug preauthorization form to be used by prescribers and health care insurance providers.

Multiple sclerosis is a chronic and often disabling disease of the central nervous system that typically is diagnosed in young adulthood. MS is a puzzling and unpredictable disease that varies widely in its impact, not only from person to person, but also in the same individual at different times. Since MS has no cure, management and ongoing treatment of the disease is essential in order to maintain optimal functioning and quality of life. Therefore, people living with multiple sclerosis know how important prescription medications are in maintaining their health. The timely access to prescription drugs is the ultimate lifeline for these individuals. Currently, prior authorization for prescription drugs can delay or even deny access to those medications that are so vital to these individuals.

The current prior authorization process is complex, lacks transparency, and the criteria and processes vary significantly among health plans. Health plans have differing preauthorization and appeal processes, benefit advisory, and admission notification requirements. And, although these varying requirements create a logistical complexity for providers who have to complete the forms and communicate with the health plans, in the end it is the patient who has to bear the consequences if the authorization is delayed or denied. SB 2436 is an important health care bill for people living with multiple sclerosis who depend on prescription drugs for their lives and potential livelihood.

SB 2436 is important for all Hawaii patients. It would require a standardized Preauthorization Form that would be electronically available and transmittable. Standardization and electronic authorization should help to streamline the process and reduce costs.

Thank you for your time and consideration of this bill.

Sincerely,

Lisa A. Dunn, MSW  
Community Development Coordinator



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HAWAII

*Not another moment lost to seizures*

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February 6, 2012

Committee on Health: Senator Josh Green, M.D., Chair  
Committee on Commerce and Consumer Protection: Senator Rosalyn H. Baker, Chair  
Hawaii State Capitol  
415 South Beretania, Room 229  
Honolulu, HI 96813

**RE: SB 2436 Support**

Dear Senator Green and Senator Baker:

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](http://www.hawaiiepilepsy.com)

THE EPILEPSY FOUNDATION OF HAWAII IS A MEMBER AGENCY OF ALCHA UNITED WAY AND  
AN INTERNATIONAL MEMBER AGENCY OF THE EPILEPSY FOUNDATION



Written Testimony Presented Before the  
Senate Committee on Commerce and Consumer Protection  
February 8, 2012, 2:45 p.m.

by  
Gail P. Tiwanak, RN, MBA  
Executive Director  
Hawaii State Center for Nursing

SB 2436 RELATING TO PRESCRIPTION MEDICATIONS

Chair Baker, Vice Chair Taniguchi, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony on this bill, SB 2436, requiring the insurance commissioner to develop a standardized prior authorization request form and process for prescription medications for use by health care providers and insurance carriers.

The Hawaii State Center for Nursing believes the mandating of a uniform waiver process for prescription authorizations and standardizing the criteria for such waivers would be effective.

Further, we support SB 2436 and request that page 3, line 10 be amended by adding "APRN" to the definition of "Prescriber" as APRNs are authorized to prescribe OTC, legend and controlled drugs (Schedule II-V)..

We appreciate your continuing support of nursing and healthcare in Hawai'i. Thank you for the opportunity to testify.



Senator Josh Green, Chair  
Senate Committee on Health

Senator Rosalyn Baker, Chair  
Senate Committee on Commerce and Consumer Protection

Wednesday, February 8, 2012; 2:45 p.m.  
State Capitol, Conference Room 229

**RE: SB 2436 – Relating to Prescription Drug – IN OPPOSITION**

Chairs Green and Baker, Vice Chairs Nishihara and Taniguchi and Members of the Committees:

My name is Todd Inafuku, testifying on behalf of CVS Caremark (CVS) on SB 2436, Uniform Prescription Drug Prior Authorization Form. CVS understands the intent of SB 2436, however we respectfully are in opposition to this measure.

CVS believes the ideal solution to streamlining prior authorization is to standardize the prior authorization request process. We would support the convening of stakeholders to discuss and recommend an appropriate solution for the State.

In order to achieve a standardize prior authorization request process, there needs to be established national standards for sending prior authorization requests electronically from the provider's electronic health record (EHR) directly to or through a portal if the provider's EHR does not support electronic prior authorization request, to the payer's or third party administrators (TPAs) system. However, these standards do not currently exist and have been in development for some time. CVS will be participating in a pilot program in March 2012 that will test transaction standards for prescription medication. CVS is working with the National Council for Prescription Drug Programs (NCPDP), which creates and promotes data interchange standards for the pharmacy service sector of the healthcare industry, selected electronic prescribing vendors, including Allscripts, and CVS pharmacies, on the pilot program with the goal of creating a standard for prior authorizations that can be recommended to NCPDP for adoption as the national standard. The electronic prior authorization (ePA) process will utilize the Surescripts network which currently is being used to convey electronic prescriptions to pharmacies and integrate the provider's electronic prescribing system to request a prior authorization and receive a real time response. The real time benefit check that is being piloted by Surescripts will allow providers to perform a mock adjudication transaction of the selected drug from the current drug formulary of the plan and will confirm whether the selected drug is covered under the member's benefit plan, requires a prior authorization, and determines whether a current non expired prior authorization is in place. In addition, this transaction will



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also provide the provider with options for three or more lower cost therapeutic alternatives before engaging the ePA process. We anticipate the results of this pilot program to be presented to NCPDP Task Group at the August 2012 meeting.

CVS remains steadfast in its commitment to standardize the prior authorization process. We hope the committee will hold this measure for the reasons stated above and support a working group instead.

Thank you for the opportunity to testify on this matter of importance.

Todd K. Inafuku  
Cell – (808) 620-2288



# AlohaCare

For a healthy Hawaii.

~~January 24, 2012~~ February 8, 2012

~~10:00am~~ 2:45pm

Conference Room 229329

To: The Honorable Ryan I. Yamane, Josh Green, M.D., Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Senate Committee on Health

The Honorable Rep. Dee Morikawa, Rosalyn H. Baker, Vice-Chair  
The Honorable Brian T. Taniguchi, Vice Chair  
Senate Committee on Commerce and Consumer Protection  
House Committee on Health

From: Paula Arcena, Director of Public Policy  
Robert Toyofuku, Government Affairs

Re: SB2436 ~~HB1744~~ Relating to Prescription Drug

Formatted: Underline

Thank you for the opportunity to testify.

**AlohaCare opposes ~~HB1744~~ SB2436.**

While we appreciate and support the need to decrease the administrative burden on healthcare providers, this measure does not adequately balance the needs of providers, insurers and payers of healthcare.

The purpose of the prior authorization is to prevent avoidable prescription drug costs, ensure medical necessity and verify member eligibility and benefits. In its current form, ~~HB1744~~ SB2436 does not ensure these needs will be satisfied. In the case of AlohaCare and other State of Hawaii contracted Medicaid health plans, the cost of prescription drugs has a direct impact on the State of Hawaii's fiscal bottom line.

The majority of AlohaCare's prescription drug formulary is made up of generic drugs, which can be prescribed with no prior authorization requirement. Prior authorizations are required largely for non-formulary brand name drugs, which are more costly.

AlohaCare's prior authorization process for non-formulary prescription drugs is designed to provide a quick turn-around. For prior authorization requests received after-hours or in emergency situations, AlohaCare members receive a three-day emergency supply of non-formulary medications or a ten-day supply for antibiotics and providers are asked to follow up with a prior authorization to continue the non-formulary prescription. Expedited requests are processed within 72 hours.

## Hawaii Academy of Physician Assistants

RE: SB 2436 RELATING TO PRESCRIPTION DRUGS

Wednesday, February 8, 2012

2:45 p.m. Conference Room 229

### IN SUPPORT

#### Committee on Health

Senator Josh Green, M.D., Chair

Senator Clarence K. Nishihara, Vice Chair

#### Committee on commerce and Consumer Affairs

Senator Brian T. Taniguchi, Vice Chair

Senator Rosalyn H. Baker, 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. While there are obstacles in developing a uniform prior authorization form, they are not insurmountable. With a collaborative effort between the Insurance Commissioner and public and private health plans it is conceivable that an acceptable and effective prior authorization form could be developed. This would be of benefit to patients, providers and insurers in that it would reduce the administrative burden and simplify the prior authorization process.

Careful consideration should be given to the 72 hour window of response to assure that it is adequate and does not lead to unnecessary denials, as this would be counterproductive to patients needs. Unfortunately, delays are all too common so there must be a common ground.

Additionally, 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 and emotionally devastating for patients who require medications to prevent the progression of severely debilitating diseases, and this is especially true for patients with neurological diseases. Consideration should be given to limiting preauthorization in these cases to once annually however may be outside the scope of the current bill.

There are many complexities and pitfalls surrounding the preauthorization process and SB 2436 only touches the surface of this complex issue, which will only become more complex as new cutting edge drugs are developed. 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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February 7, 2012

Senate Committee on Health  
Senator Josh Green, M.D., Chair  
Senator Clarence Nishihara, Vice Chair

Senate Committee on Commerce and Consumer Protection  
Senator Roz Baker, Chair  
Senator Brian Taniguchi, Vice Chair

**Hearing:**  
State Capitol Room 229  
February 8, 2012, 2:45 p.m.

### **SB 2436 - Relating to Prescription Drug**

Thank you for the opportunity to testify in support of SB 2436, which requires the Insurance Commissioner to develop a uniform prescription drug prior authorization form.

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. Access to care for cancer patients is part of our mission.

Health plans and insurers require physicians to fill out a prior authorization form when the provider prescribes a medicine or treatment not covered by the plan or insurer's formulary. Each health plan and insurer has their own forms for prior authorization. The American Cancer Society believes that standardizing the prior authorization process will have a positive impact on patients.

The Society routinely takes calls from patients needing assistance in obtaining prescription medication from their pharmacy provider. We see that many delays are due to prior authorization communication problems between patient, physician, and pharmacist. This measure will streamline the process for the benefit of all the parties involved in the health care delivery chain.

American Cancer Society Hawai'i Pacific, Inc., 2370 Nu'uuanu Avenue, Honolulu, Hawaii 96817-1714  
●Phone: (808) 595-7500 ●Fax: (808) 595-7502 ●24-Hour Cancer Info: (800) 227-2345 ●<http://www.cancer.org>

We recognize that standardizing a single uniform application presents challenges for health care providers and insurers. The benefits for patients waiting for their medications, however, are of utmost importance to the Society.

Thank you for allowing us the opportunity to provide this testimony on this measure.

Sincerely,

A handwritten signature in black ink that reads "Cory Chun". The signature is written in a cursive style with a horizontal line extending from the end of the name.

Cory Chun  
Government Relations Director

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 8, 2012

The Honorable Josh Green, M.D., Chair  
The Honorable Rosalyn H. Baker, Chair

Senate Committees on Health and Commerce and Consumer Protection

**Re: SB 2436 – Relating to Prescription Drugs**

Dear Chair Green, Chair Baker and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2436 which would mandate the Insurance Commissioner 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 Insurance Commissioner 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,

A handwritten signature in black ink, appearing to read "JDiesman".

Jennifer Diesman  
Vice President  
Government Relations



Testimony of  
Phyllis Dendle  
Director of Government Relations

Before:  
Senate Committee on Health  
The Honorable Josh Green, M.D., Chair  
The Honorable Clarence K Nishihara, Vice Chair

Senate Committee on Commerce and Consumer Protection  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Brian T. Taniguchi, Vice Chair

February 8, 2012  
2:45 pm  
Conference Room 229

**SB 2436 RELATING TO PRESCRIPTION DRUGS**

Chairs Green and Baker and committee members, thank you for this opportunity to provide testimony on SB 2436 which would create a standard form for requests for prior authorization for prescription drugs.

**Kaiser Permanente Hawaii has some concerns about this bill and requests an amendment.**

In reviewing this measure we can appreciate the desire to standardize this process across health plans in the hope of simplifying it. However, as written, this bill would significantly complicate the internal processes for Kaiser Permanente. Our care is integrated and our electronic health information system spans our program. Because of this it is possible for a physician to request an exception to the formulary by direct contact with the pharmacy through our electronic system. This does not require any interaction with our health plan. This measure requiring the proposed form and process

would significantly complicate our functional internal system.

For this reason we request that the bill be amended to exempt medical systems which do not require interaction with a health plan in order to get authorization for prescriptions. Making this process more complicated appears the opposite of the bill's intent.

We recommend that an amendment be made to (d) page 2, line 8 adding the following:

"This section does not apply to a health care insurance provider, or to its affiliated prescribers and dispensers, if the health care service plan owns and operates its pharmacies and does not use a prior authorization process for prescription drugs."

This language is modeled on the California law created by SB 866 in 2011.

Thank you for your consideration.

Testimony for HTH/CPN 2/8/2012 2:45:00 PM SB2436

Conference room: 229

Testifier position: Support

Testifier will be present: No

Submitted by: Brenda Kosky

Organization: Individual

E-mail: [Brenda.Kosky@gmail.com](mailto:Brenda.Kosky@gmail.com)

Submitted on: 2/5/2012

Comments:

Testimony for HTH/CPN 2/8/2012 2:45:00 PM SB2436

Conference room: 229

Testifier position: Support

Testifier will be present: No

Submitted by: David H Messer

Organization: Individual

E-mail: [dmessiii@aol.com](mailto:dmessiii@aol.com)

Submitted on: 2/7/2012

Comments:

As a practicing Physician Assistant I support the development of a uniform prior authorization form for prescription drugs. Currently a lot of 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. While there are obstacles in developing a uniform prior authorization form, they are not insurmountable. With a collaborative effort between the Insurance Commissioner and public and private health plans it is conceivable that an acceptable and effective prior authorization form could be developed. This would be of benefit to patients, providers and insurers in that it would reduce the administrative burden and simplify the prior authorization process.

Careful consideration should be given to the 72 hour window of response to assure that it is adequate and does not lead to unnecessary denials, as this would be counterproductive to patients' needs.