

May 23, 2016

The Honorable Barbara Sears
Chairwoman, House Insurance Committee
77 South High Street
Columbus, Ohio 43215

Dear Representative Sears:

As you consider Bill 129 amendments, I ask you not to extend prior authorization timeframes. As a patient, I find this not cost effective and even deadly or dangerous for patients. As a patient, I have experienced delays in care waiting for authorizations. Sometimes, it is medication and other times testing and surgery and at the present time, I am awaiting an authorization for a facility location that I have been in waiting for since the beginning of this year. The infusion center is an outpatient facility that I started having infusions in 2002 and have 8 per year, I only want to continue with the same location that I have received treatment from and insurance wants it changed due to the location of this service. Medications that are prescribed by a physician who knows your history and physical problems are being tied by regulation and paperwork which does not save any money, and uses more time to process your insurance authorization. As you know, someone pays for that time, the physician does not and their bills reflect the higher cost. Insurance, as you know, looks at costs in the local market and adjusts your rates to reflect that cost. In other words, how sick people are in your zip code, so more cost raises the rates and more restrictions and more authorizations follow suit. This makes a patient with a chronic disease frustrated and confused and wondering, who we are helping and the reason why getting well and staying well so complicated?

This not only affects me with a chronic disease but those who need medication in a timely fashion. In my case, I tried to obtain a prescription from a local pharmacy, only to be told, insurance will not cover this medication but you can pay for it out of pocket. I had already reached my insurance deductible and still needed to pay a co-pay for prescriptions, but even for a high blood pressure drug, I would have to pay out of pocket or receive an authorization from insurance to obtain this drug under insurance. As thirty pills were over \$120.00 for 30 days with no end in sight, I contacted my insurance, who said I needed to appeal if payment would be considered. I told them the pharmacist had said, "Do not stop this medication as you can suffer a stroke or heart attack." (I had been taking this drug prior, where insurance had paid) I asked, "Who do I speak to resolve this?" They connected me with the pharmacist for the company (Medco), the pharmacist said there are other cheaper drugs to use instead. I questioned the pharmacist as what they were? She told me one drug and I said, "I am allergic to that drug and cannot breathe and my throat swells." I asked her if she was familiar with my medical history? She replied, "No." She then asked me about other drugs, all of them I was not able to take. She finally agreed the doctor had written for the correct drug and she would put the paperwork through after I spoke to another insurance person in the front office. I had success in getting the authorization, but only after going to the pharmacy twice and going through multiple phone conversations. This not acceptable to me as a patient and if I was not persistent, I could have been hospitalized or died from not being able to obtain my medication. I felt very frustrated that we put patients last in trying to make healthcare more cost effective. Regulation are best put on the persons who drive up costs, by buying patents and other business practices. Please do not make a patient, who is ill, be a pawn in this game of waiting, it is cruel and can be a death sentence for some of us.

Sincerely,

Carol J. Cross
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