



February 16, 2016

House Commerce and Consumer Affairs Committee
John Hunt, Chair
New Hampshire House of Representatives
Concord, NH

RE: HB 1608

Dear Chairman John Hunt and Members of the Committee:

Collectively, the undersigned organizations wish to offer our strong support of HB 1608, legislation that will standardize the prior authorization process for both patients and providers. If passed, HB 1608 will require that health plans use and accept uniform prior authorization forms developed by the Commissioner of Insurance. The prior authorization forms developed shall 1) not exceed 2 pages; 2) be made electronically available; and 3) be capable of being electronically accepted by the payer after being completed. Furthermore, if payers do not respond to prior authorization requests within two business days, the request shall be deemed to be approved. **HB 1608 aims to improve the prior authorization process so that it is not burdensome for providers and, most of all, it protects patients so that they may access treatments without delay.**

Prior authorization is a case management tool, used by insurers, intended to help standardize care and control costs. Current prior authorization procedures create tremendous access problems for patients and can be burdensome for providers as the process is labor intensive, time consuming, and expensive for providers. A 2009 study published in *Health Affairs* reported that primary care physicians spent 1.1 hours per week, nursing staff spent 13.1 hours per week, and clerical staff spent 5.6 hours per week fulfilling prior authorization requests¹. The most serious and costly consequence of an inefficient prior authorization process,

¹ Lawrence P. Casalino, Sean Nicholson, David N. Gans, Terry Hammons, Dante Morra, Theodore Karrison, Wendy Levinson (May 2009). [What Does It Cost Physician Practices To Interact With Health Insurance Plans?](#) (Report). Health Affairs, 15 May 2014.

however, is when a patient is unable to obtain timely access to the medication that he or she really needs. When that occurs, a patient's health can deteriorate rapidly and, in many cases, may require intensive hospital care where costs per day may range upward of \$6,000 - \$10,000².

While we believe that health care costs should be reasonable and manageable, the system should work first and foremost for patients. The provisions in this legislation will improve the prior authorization process tremendously and help ensure that patients receive the quality healthcare they need and deserve. We also strongly advocate for prescribing physicians to override an insurer's determination, if the original prescription for the patient is deemed medically necessary.

By voting to advance HB 1608, the committee will help to remove a barrier to care from further affecting New Hampshire patients. In closing, we stand in support of this important legislation and urge you to do so as well to reduce the inefficiency of the current prior authorization process, improve communication between the insurer and the prescriber, and most of all, to allow New Hampshire patients to receive their treatment in a manner that is consistent with quality health care. We urge the committee to support HB 1608 and to vote to advance it.

Respectfully Submitted,

Aimed Alliance
Alliance for Patient Access
American Academy of Pain Management
National Patient Advocate Foundation

cc: Members of the House Commerce and Consumer Affairs Committee

² Critical Care Medicine, 2005 June; 33(6):1266-71; Daily cost of an intensive care unit day; the contribution of mechanical ventilation; Dasta, JF, McLaughlin, TP, Mody, SH, Piech, CT, Source: The Ohio State University, Columbus, Ohio, USA.