



OREGON PSYCHIATRIC
PHYSICIANS ASSOCIATION

Date: March 4, 2021

To: The Honorable Chair Prusak
The Honorable Vice-Chair Salinas
The Honorable Vice-Chair Hayden
Members of the House Health Care Committee

From: David Holladay, MD
Oregon Psychiatric Physicians Association

RE: Support for HB 2517 Prior Authorization Management

Chair Prusak and members of the committee:

The Oregon Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association, was established in 1966. OPPA serves as the organization for Oregon's medical doctors specializing in psychiatry who work together to ensure effective treatment for persons with mental illness, including substance use disorders, and compassion for them and their families. OPPA supports HB 2518, which streamlines utilization management, including prior authorization practices.

While insurance companies have a legitimate need to control the rising cost of prescription medicines, patients will benefit when transparency and accountability is an integral aspect of the prior authorization process.

Current prior authorization procedures are unnecessarily complex, extremely time-consuming for the physician, increase the overall cost of medical care, and most critically, prevent patients from getting the treatment that they need. They are a major barrier to care. Physicians increasingly spend inordinate amounts of time in this labyrinth, contributing to physician burn out. Patients experience delays in treatment. Delays in treatment cause worsening of disease, and poor work productivity. This bill is long overdue.

I would like to share just a few patient stories to help illustrate the extent of this problem. This week, I spent over 45 minutes to justify why a patient who had received 20 mg of Vyvanse for ADHD should be able to receive 30 mg of the same medication. I first spoke with a "Pharmacy Benefit Manager" only to be eventually transferred to a reviewer with the actual insurance company. I then was required to go online to the "Cover My Meds" site to justify why this medication was necessary. Even then, I eventually received an additional faxed request for further information.

My staff had previously provided faxed documentation of my most recent medical progress note. Insurance company reviewer representatives reported that they had communicated the prior denial to my administrative staff, but we had no record of their communication with us. Eventually this medication was approved, but ultimately delayed treatment by several days. This occurred for a middle school boy whose attentional problems were already so severe that he was eager to give up on school altogether.

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Another example: an 18-year-old young woman on an antidepressant was denied a dose increase for the antidepressant she was on. She had shown moderate improvements on this particular antidepressant but because the new dose was higher the normal therapeutic range, it was denied. (It should be noted that the dose increase was still within FDA guidelines, and that she was experiencing no adverse effects.) She had previously tried and failed several other antidepressants of different categories. She was quite adamant that yet another antidepressant trial in the middle of her school year was out of the question. Her insurance company asked me to complete details such as the specifics of prior medications, exactly when they were prescribed, and their dosages. Since I had not originally prescribed these medications, I was unable to provide sufficient detail to prevent a denial. The online form provided by the insurance company did not contain a field where this could have been explained. I now have an additional form that was sent to our office for completion.

If physicians were to receive basic information when they receive the denial letter, this would be quite helpful. This would include what medicines are on the formulary, and the specific inclusionary/exclusionary criteria.

Thank you for taking the time to consider this information. OPPA urges you to support this bill.