

Good Afternoon Chair Nosse and Committee Members. My name is Clarissa Boxwell, and I am the Director of Clinical Operations at Grants Pass Clinic. We have provided quality healthcare to our community for 75 years. I am from Grants Pass and am here in support to HB 3134.

Today, I am here to discuss the growing challenges we face as healthcare providers, due to the financial and staff burdens associated with prior authorizations. At our clinic, our Prior Authorization department has 3 staff members who process over 300 prior authorizations each week for imaging orders, referrals, procedures and vaccines. Each authorization takes approximately 10 to 30 minutes, placing a significant strain on our staff. Additionally, our Medical Assistants process over 200 prior authorizations a week for medications, spending an average of 15 minutes per request. This totals around 200 hours per week dedicated solely to prior authorizations.

This process does not just create administrative burden; it directly affects our patients, sometimes in very frustrating ways. For example, one patient's mother called the clinic to notify us that the pharmacy had requested a prior authorization for her child's inhaler. After submitting the authorization, the response indicated that medication did not actually need one. After discussing it with the Provider, we sent the medication to the pharmacy. We received the PA request for the medication. On the PA request, it noted that we should send the original prescription without needing an authorization. When we called the mother to discuss this, she had already picked up the medication.

Another example involves an autistic patient who required a safety bed due to concerns of elopement. It took 10 months to get the bed approved through insurance. The payer kept requesting proof of need, which was already included in the chart notes. We sent the same letter multiple times, asking for approval, but the process was unnecessarily delayed.

In addition to these delays, when providers are asked to participate in peer-to-peer reviews, the information discussed is typically already documented in the patient's chart. However, these reviews still take 15 to 20 minutes, and often, providers are forced to schedule them during their lunch break because they do not have time during their busy patient schedules.

These administrative demands are taking a toll not only on our staff, but also on our patients who experience unnecessary delays in receiving the care they need. We urge you to consider how we can work together to ease the burden of prior authorizations and improve the quality of care we can deliver to those we serve.

Thank you for your time and consideration.