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February 11, 2012

Senator Cecile Bledsoe
Chair
Public Health, Welfare, and Labor Committee
Room 320
State Capitol
Little Rock, AR 72201

Dear Senator Bledsoe:

I am writing you today on behalf of the Global Healthy Living Foundation (GHLF) and the more than 56,000 members we represent to express our support for SB 218, including approximately 675 in Arkansas. Most of the patients we represent, including the nearly 30,000 with Rheumatoid Arthritis, take medications that require prior authorization.

The GHLF represents patients living with chronic illnesses nationwide, from those with osteoporosis to those with chronic mental illness. Our focus is on improving the lives of these patients through health care education and mobilization programs that stress the importance of diagnosis, early and innovative medical intervention, long-term lifestyle improvement, and therapeutic compliance. Using various channels of influence, we work to communicate and leverage new and improved medical treatments to the patient community.

Currently, prior authorization procedures are labor intensive, take valuable time away from patient care as physicians and staff navigate a complicated system to appeal to insurance companies. There can be delays for a patient receiving their preferred drug, device or procedure by forty-eighty hours in some cases or days or weeks in others. This process often involves faxing in forms, sometimes in triplicate, when email or phone authorization would be much quicker and more efficient. These procedures can unnecessarily slow the process and discourage physicians and staff from requesting the drug, device or procedure the physician feels is best for the patient.

Prior authorization also can include forcing the patient to fail first on a medication that is more profitable for the insurance company before allowing the physician to prescribe the drug originally called for. In some cases this involves forcing patients to take drugs that are not FDA-indicated or approved for their condition, simply because they are cheaper. It is important to note that this is not a discussion about generic vs. branded drugs. The GHLF takes no position on particular drugs. We advocate for the right of the physician to prevail in dispensing drugs – the person who knows the patient. And it is also important to note that prior authorization varies

widely among insurance companies, leading to the logical conclusion that it is about the individual company profit margins rather than universal agreement on which drug to use.

We believe that SB 218 takes positive steps toward updating Arkansas law to make prior authorization forms more accessible and user friendly. Specifically, there are three provisions that are key to the new streamlined forms. First, the forms cannot exceed two pages. This will be less burdensome for patients and physicians navigating the system. Second, the forms must be made available electronically. This will make access much easier and more efficient. Finally, the forms must be designed so they can be submitted electronically from a prescribing provider to a health care insurer. Electronic submission will streamline the process for the physicians and at least make an onerous policy much more efficient.

As patient advocates, it is our duty to advocate for policies that make healthcare more accessible and make the system as streamlined as possible for patients and physicians. The changes to prior authorization procedures and forms contained in SB 218 do just that. That is why we urge the passage of SB 218.

We appreciate your thoughtful consideration this legislation and would be pleased to provide any further information that you may require.

Sincerely,



Seth Ginsberg
President, Global Health Living Foundation

CC: Public Health, Welfare, and Labor Committee Members

Senator Paul Bookout
Senator Linda Chesterfield
Senator Stephanie Flowers
Senator David Burnett
Senator Missy Irvin
Senator Jonathan Dismang
Senator Ronald Caldwell

