I am Betty McKenzie, RN, MSN and work as the clinical supervisor at a cardiology clinic. We have 9 physicians in our practice. It was brought to my awareness that a bill is being evaluated to require all new meds be approved through prior authorization process before being filled. We are opposed to this step due to the amount of additional staff time needed to complete this process. Most programs require a phone call to a center to start the process and many minutes on hold before you can even talk to an individual to start the process. Then, if the process cannot be completed by phone, a document is faxed to us to then spend more time to complete paper work to support a med needed for the patient's disease/condition. Then we must wait before approval for the patient to start the med. It may seem easy on the end of government that setting up this extra step will decrease the use of new expensive meds, but the insurer will still need to have staff to cover the phone calls (sometime lasting over an hour), then handle faxes that come in, so expenses will still be incurred. In addition, if the patient has to wait to get meds, they are at risk for other health conditions to occur, for example a stroke, and then the cost of caring for the patient in the hospital setting and post care (rehab) would be incurred, adding additional cost to the insurance program.

Thank you for listening to my concerns.

Betty McKenzie, RN, MSN

Clinical Supervisor of Cardiovascular Consultants