Testimony for the
Assembly Committee on Health
Public Hearing on
"The New York Health Act"

November 25,2019
Kingston, NY

Chairmen Gottfried and Rivera and other honorable members of the assembly and senate health committees, thank you for conducting public hearings on this very important issue. My name is Lizette Edge I am a family practice trained physician. I would like to share some of my experiences and in so doing, I am urging the legislature to adopt the proposed "New York Health Act" (A5248, 53577).

From a young age my dream was to be a primary care doctor. I wanted to help people, build a community of patients and their families, and provide the best possible care to keep everyone healthy. I naturally gravitated towards Family Practice. I was very excited about residency, a time to refine my skills and become a great primary care doctor. What I had not expected is that residency would be the time where my vision of what it was like to be a primary care doctor would be shattered. When I realized how broken our health system truly is.

I can remember the day that as an intern I was put on the phone with the health insurance company to get prior approval for a test that was urgently needed for my patients health. The test was being denied, the insurance company would not cover the cost. I was shocked that they were valuing profit over what was needed for my patient based on medical necessity.

I then had to tell my patient that despite the fact that they needed this test they would not be able to get it at that time, unless they were able to pay out of pocket.
The look of helpless bewilderment in my patients eyes camputered what is wrong with this system, that wealthy insurance industry were calling the shots instead of medical professionals. We appealed the decision and embarked on the paperwork required immediately, but all this would take time. Ultimately my patient was scared and worried their symptoms got worse, and they eventually ended up in the emergency department to get the test they needed, costing the system much more.

This was my first lesson of many where I would be wasting precious patient time negotiating with numerous insurance companies. According to a study done by the AMA on the prior authorization process 91% of physicians reported that there was a significant negative impact on patient clinical outcomes.
Over and over again, I was put in positions where the health of my patients was being compromised all in the name of corporate profits. This is a system that is beholden to the insurance companies and not my patients.
This whole experience was so profoundly disturbing that I ultimately opted out of primary care.

Now, as a hospitalist I get to see plenty of other aspects of our broken system. So many patients are un-insured or underinsured and they avoid seeking care because they can't afford copays and high deductibles and so again once they are very ill they end up in the ER, again costing the system more money. In regard to the lack of comprehensive care, so many times I have admitted patients with sepsis related to an infected tooth. Because they could not afford dental insurance, they delayed care. What was a simple cavity, becomes a serious systemic illness.
Issues with affordability of Long term care and end of life care is another major failing in the current system. Just the other day, I admitted a 90 something year old patient from a rehab facility after a hip fracture. They were improving, but not fast enough. They had just received notice that the insurance company was no longer paying for the bill, as a result the patient had an anxiety attack that made them sicker and they ended up back in the hospital under my care. I could give so many examples of how we are failing our patients and community because the current profit driven system is failing them.

The single payer system would fix many of these problems. It would relieve some of the causes of burnout for physicians, and more would want to stay in primary care. Under the New York health act People would be able to seek primary care before complications lead to costs and ailments that destroy lives.
The single payer system would allow our elderly patients to have some level of comfort and dignity at the end of their life knowing that they will be cared for, not having to worry about overburdening their loved ones.

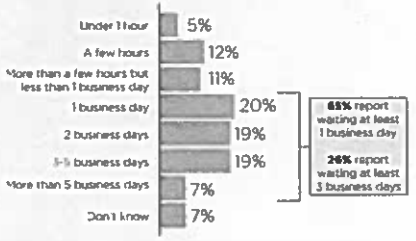
I urge you, please, to not wait any longer, pass this legislation, so that we can have a just, equitable, comprehensive system for all New Yorkers. A system that puts people over profits. And lastly, as someone who came to this country undocumented, in part due to violent US foreign policy in Colombia, I would be remiss not to add how important it is to me that the New York Health Act be for all New Yorkers, regardless of immigration status. Thank you for listening and once the New York Health act is a reality I look forward to going back to primary care.

# 2018 AMA Prior Authorization (PA) Physician Survey

## Patient impact

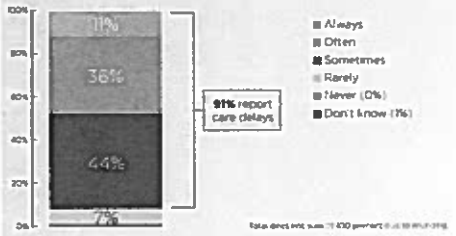
### Average wait time for PA responses

**Q:** In the last week, how long on average did you and your staff need to wait for a PA decision from health plans?




### Care delays associated with PA

**Q:** For those patients whose treatment requires PA, how often does this process delay access to necessary care?

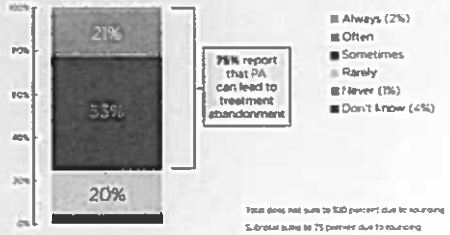



In your experience, has the PA process ever affected care delivery and led to a serious adverse event (e.g., death, hospitalization, disability/permanent bodily damage, or other life-threatening event) for a patient in your care?

**28% reported PA led to a serious adverse event**

### Abandoned treatment associated with PA

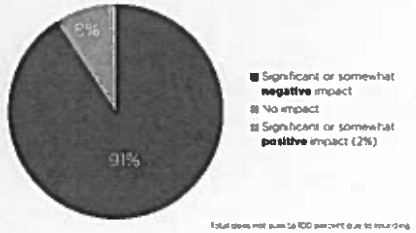
**Q:** How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?




Total does not sum to 100 percent due to rounding.
Subtotal sums to 75 percent due to rounding.

### Impact of PA on clinical outcomes

**Q:** For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?




Total does not sum to 100 percent due to rounding.

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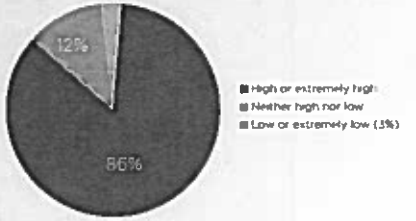
## Physician impact

### Physician perspective on PA burdens

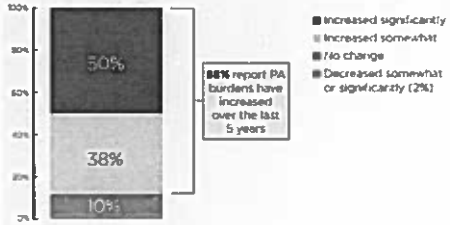
**Q:** How would you describe the burden associated with PA in your practice?




Total does not sum to 100 percent due to rounding.

### Change in PA burden over last five years

**Q:** How has the burden associated with PA changed over the last five years in your practice?




On average, practices complete

**31**

**PAs per physician, per week***

Physicians and their staff spend an average of almost

**two business days** (14.9 hours) each week completing PAs†

**More than 1 in 3**

**36%**

of physicians have staff who work exclusively on PA**

### Survey methodology

- Twenty-nine question, web-based survey administered in December 2018
- Sample of 1,000 practicing physicians drawn from M3 panel
- Forty percent primary care physicians/ 60 percent specialists
- Sample screened to ensure that all participating physicians:
  - Are currently practicing in the United States
  - Provide 20+ hours of patient care per week
  - Complete PAs during a typical week of practice

**Survey questions**

* **Volume of PAs:** Please provide your best estimate of the number of prescription and medical services PAs completed by *you yourself and/or your staff* for your patients *in the last week*. Do not include PAs that practice staff completed for the patients of other physicians in your practice

† **Time to complete PAs:** Thinking about all of the PAs you and your staff completed in the last week, please provide your best estimate of the number of hours spent on processing these PAs. Do not include PAs that practice staff completed for the patients of other physicians in your practice

** **Practice resources for PA workload:** Do you have staff members in your practice who work exclusively on PA?

For information on the AMA's advocacy efforts and resources to reduce PA burdens, visit **ama-assn.org/prior-auth**.

To join the AMA's grassroots PA reform campaign and sign a petition to Congress, visit **fixpriorauth.org**.

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