

MaineHealth

**Testimony of Katie Fullam Harris
MaineHealth
Before the Joint Standing Committee on Health Coverage, Insurance
and Financial Services
In Support of LD 705
“An Act Regarding the Process for Obtaining Prior Authorization for
Health Insurance Purposes**

Senator Sanborn, Representative Tepler and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Katie Fullam Harris of MaineHealth, and I am here to testify in support LD 705, “An Act Regarding the Process for Obtaining Prior Authorization for Health Insurance Purposes.”

MaineHealth is Maine’s largest integrated health care system. We provide a continuum of high quality care to patients across eleven counties in Maine and one in New Hampshire. As part of our commitment to meeting our vision of “working together so our communities are the healthiest in America” MaineHealth’s providers work hard every day to provide high quality, efficient care to our patients, and we are proud that the federal Agency on Health Research and Quality ranks Maine as the highest quality state in the country.

Prior authorizations place a significant and expensive burden on practices. The Maine Medical Association recently surveyed providers, and a full 85% indicated that there was a high administrative burden associated with seeking prior authorizations. Many practices have ten or more cases per week that require prior authorizations, and 62% stated that they spend between 2-10 hours on them, and another 20% spend more than 10 hours per week seeking prior authorizations. This represents a very expensive administrative cost to the health care system, a factor in physician burnout, one that does not support evidence-based medicine, and one that would only be touched upon by this legislation. However, we do believe that this bill represent a good start, and one that would prevent patients and providers from the frustration and dangerous situations that can occur when prior authorizations are not acted upon promptly.

As a health system that has invested significant resources in addressing the opioid epidemic, MaineHealth is in strong support of Section 2-A of this bill, and would suggest that it be expanded to include MaineCare, as well. When I surveyed our IMAT providers, I received feedback about the danger that prior authorizations can create for patients on medication. Because of Maine’s Public Law Chapter 419, many pharmacies will not allow early refills for suboxone. Though the law does not apply to Suboxone, pharmacies use the law as a rationale for preventing early refills. Therefore, patients seek prescriptions the exact day that they are due, creating a significant challenge for the provider and the patient. One office noted “We often can get PAs approved the same day but if the patient’s MAT appointment for instance is at 4PM and we don’t know they need PA until 4:30PM and we have to scramble to get PA submitted and it doesn’t get

sent until close to 5PM it is likely that it will not be approved that same day. . .and it can take 24-48 hours to get a PA approved. I have also had instances with commercial insurance where a PA for Suboxone was denied because they required the patient to try zubsolv first. This resulted in the patient going for a few days with no medication because after getting back the denial we have to find the provider and get a new prescription written.”

Another provider noted that finding the correct dose of medication for patient can be a challenge, and PAs are required for each dosage change, creating a significant administrative burden. I would note that MaineCare has the same requirement.

Finally, MaineCare remains a significant challenge for IMAT patients as well. Prior authorizations are required for each dosage change as well as for medications that are not Suboxone strips. I recently provided the following testimony to the Appropriations Committee on a particularly relevant example of the dangerous situation that PAs can create for patients whose alternative to safe, evidence-based medication is to use illicit drugs that can literally kill them:

I want to provide a real life example of the limits the prior authorization requirement for pregnant women can place on an individual and their path to recovery. Recently, late on a Friday afternoon a young female in her early third trimester of pregnancy presented to my office in need of ongoing MAT treatment. She was recently discharged from a facility that had been providing her MAT. She was discharged directly to her appointment to have her MAT continued under my care. Ongoing MAT was medically indicated as opioid withdrawal in the third trimester (even from Suboxone and buprenorphine) can cause premature labor imperiling the life of both the mother and the unborn child. Given the late hour abutting a weekend, the MaineCare authorization would not be reviewed until Monday. This left a patient with a pair of unfortunate choices: she could pay out of pocket for a medically indicated treatment for the next three days or present to the Emergency Department to access ongoing care. The patient hung her head in tears after emptying her purse on our waiting room floor, she was currently living on a couch and did not have access to any money – it did not matter that the total cost of her medications for the weekend would be \$11.00 - she just didn't have it. While she sat motionless our staff quickly jumped into action and used clinic funds to enable her to afford the medication until the prior authorization could be reviewed Monday.

Fortunately, poor outcomes were avoided this time, but the existing restrictions on accessing MAT could have had dangerous (and potentially lethal) consequences to both the mother and her unborn baby as well as unnecessary costs to the healthcare system as an ED visit would have cost one hundred times more than the cost of the medication.

More recently, I had a situation last Friday in which one of our providers spent hours trying to get a PA for a patient on MaineCare. He had to take time away from treating patients to argue with the vendor. The process took nearly five hours, during which the patient's withdrawal symptoms worsened significantly. Luckily, the patient did not have

the financial means to buy illicit drugs. He stated that he would have “just gone and used if he had the money.” As you know, one use can be a death sentence.

Thank you for the opportunity to testify. I encourage you to vote OTP on this bill, and expand it to include MaineCare as well. I would be happy to answer question.