Washington Psychiatric Society

The Honorable Delores G. Kelley
Senate Finance Committee
3 East – Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 688: Health Insurance - Utilization Review for Coverage of Prescription Drugs and Devices - Expedited Appeals

Dear Chairman Kelly and Honorable Members of the Committee:

As President of the Washington Psychiatric Society, which represents psychiatrists in Montgomery and Prince George's County, and as a psychiatrist who has practiced for over 30 years in Rockville, I am eager to express my support for SB 688. Long overdue, it would impose needed controls on the excessive, harmful elements of prior authorization as it operates today. Billed as a cost-saving and perhaps disingenuously as a patient-safety measure, prior authorization is out-of-control. It was implemented like a scorched-earth military campaign, apparently with little oversight or anticipation of the collateral damage.

Consider some of the treatment-disruptive practices associated with prior authorization:

- Coverage being denied by pharmacists based on criteria that do not accurately apply to the clinical situation who lack understanding of appropriate practice as it applies to the individual case.
- Appeal processes that take too long to be of help in the immediate clinical situation.
- Prior authorization required for generic medication.
- Prior authorization required when medication doses are changed.
- Prior authorization being required repeatedly for patients with chronic conditions who have taken the same medication for years.

Prior authorization has transformed the process of writing a prescription into what can be 15-to-30-minute process—sometimes much longer. Even when a pharmacy benefit manager approves a medication, a prior authorization requirement causes a delay in treatment The sheer volume creates backlogs that can make more extended interruptions inevitable. When, as if often the case, coverage is denied for the wrong reason, or patients are forced to try medications that are unlikely to be of benefit, delays can last several weeks.

There is a human cost: in psychiatry patients get more depressed, more psychotic, more suicidal, more homicidal. Family conflicts intensify. People miss work. Missing doses of some medications (SSRI's, buprenorphine) cause withdrawal symptoms. Others, like lamotrigine, can't be restarted at the effective dose, but have to be slowly increased, delaying the resumption of the therapeutic effect. I've had patients with psychotic disorders who've missed doses, become more symptomatic lose their insight into the need for treatment, and stop medications altogether. In one case, this led to an inpatient hospitalization. Indeed, in a recent AMA survey 82% of physicians report that prior authorization can lead to treatment abandonment. 34 % of physician reported that prior authorization has led to a serious adverse event for their patient.

The damage occurs on an even broader level. This massive addition to our already onerous paperwork burden speeds the process of physician burnout. It's easy to become detached and demoralized when one feels their best efforts are thwarted and there's no end to the work to be done. A day has only 24 hours. Prior authorization steals time when we should be returning phone calls, meeting with family members, coordinating care with colleagues, or even thinking deeply about a difficult case. It's hard to quantify the harm that caused in this way, but I can't imagine that it does not significantly degrade the quality of care.

SB 688 strives to place controls on the most problematic aspects of prior authorization practices. To start, they tighten the time frame for decisions and appeal. Further, it requires that the decision to deny a medication be made by a physician who practices in the same specialty as the prescriber, or one whose specialty works with the illness the medication is intended to treat. Really, only a physician has the understanding to correctly apply the criteria to the individual patient. And it's only a physician who knows what standard practice would dictate. There's a reason why insurance companies must conduct doctor to doctor reviews before rendering an adverse decision in critical clinical situations, like whether patient can be admitted to or continue inpatient hospitalization. Decisions about medication can be just as critical and have consequences that are just as serious. The bill also would reduce unnecessary time-consuming busy work by ending prior authorization requirements for non-controlled generic medication, dose changes of the same medication, and medications that patients take chronically.

To conclude, as implemented today, prior authorization practices are excessive, place an overwhelming burden on providers, and cause delays in treatment that cause harm to patients. It is hoped that Committee will share these concerns and support SB 688.

Thank you for your consideration.

Sincerely yours,

Steven B. Israel, MD
President, Washington Psychiatric Society