

Jennifer Teitelbaum Palmer M.D.
General Adult Psychiatry & Women's Mood Disorders
P.O. Box 50340, Baltimore, MD 21211
410-929-1311 (tel) 443-568-0700 (fax) jtpalmer.com (web)

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Dear Committee Chair Kelley:

I am writing as a practicing psychiatrist and member of the Maryland Psychiatric Society in favor of SB688.

Prior authorization is a practice by which insurers refuse to pay for medications at the point of sale and ask the prescribing physician to justify their prescriptions. This takes time away from patient care and prevents patients from filling prescriptions in a timely manner. Often patients are forced to pharmacy-shop, using coupons to cover the cost the insurers will not.

Prior authorization is purported to be a cost-containing measure but in reality, insurers are practicing medicine without a license in service of their own financial interests. Common, generic drugs are being denied coverage while some newer and more expensive medications are favored. For example, some plans refuse to cover generic fluoxetine in favor of brand name Trintellix. This makes no sense from a cost-saving perspective unless the insurer has a deal with the Trintellix manufacturer.

Insurers also often require new authorization every time the dose of a medication is changed. This makes no sense medically and prevents patients from getting the doses their doctors prescribe.

Finally, even when a plan-employed physician denies coverage, they often practice a different specialty than the prescribing doctor, and do not know the best practices of that specialty.

This bill would prohibit insurers from imposing these burdens on doctors and their patients. Please give SB688 a favorable report. Thank you for your consideration of this testimony.

Respectfully submitted,

A handwritten signature in black ink that reads "J Palmer MD". The signature is written in a cursive, flowing style.

Jennifer Palmer, M.D.