

SB 308: Testimony of Shannon Wood (In Support)  
Director of Advocacy and Policy  
National Multiple Sclerosis Society  
Senate Finance Committee 2/15/23

On behalf of the National Multiple Sclerosis Society (the Society), thank you for the opportunity to provide testimony in support of SB 308, to addresses Maryland's prior authorization process.

Multiple sclerosis (MS) is an unpredictable disease of the central nervous system. Currently there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability.

The treatment of MS has vastly improved over the years. When someone is diagnosed with MS, their clinician will typically prescribe a medication referred to as a disease-modifying therapy (DMT). Evidence shows that early and ongoing treatment with a DMT is the best way to manage the MS disease course, prevent accumulation of disability, and protect the brain from damage due to MS.

Depending on your perspective, utilization review requirements such as prior authorization can be viewed as valuable safeguards on healthcare quality and cost, or as additional paperwork burdens for providers. Prior authorization processes can result in delays or disruptions in treatment as patients wait for their health plan to determine whether they will cover care as prescribed. If coverage is denied, additional delays may occur if the provider and patient have to go through an appeals process. The appeals process, including the steps required to file a dispute, may take several additional days or weeks to process.

For people with MS, prolonging ineffective treatment (and delaying access to the right treatment) may result in increased disease activity, loss of function and possible irreversible progression of disability. For example, a person with MS may have to delay receiving an MRI, or accessing a prescribed medication, for weeks or even months until their insurer's prior authorization forms are submitted, reviewed, and approved. People living with MS may increase their risk of lapses in treatment or worsening disease course as a result of these delays.

Because prior authorization reviews can sometimes result in delays or disruptions in treatment, the Society supports efforts to streamline and strengthen prior authorization reviews. The Society urges reasonable solutions to make the process more transparent, timely, and user-friendly, such as those included in SB 308.

Specifically, as our position relates to SB 308, we support the timeline for turning around of both urgent and non-urgent requests, the requirement that a physician serving on the health care service review panel be knowledgeable of and experienced in the diagnosis and treatment under review and also possess a current and valid Maryland license to practice medicine, the requirement that the prescriber be contacted prior to making an adverse decision, as well as the study on standardization of electronic systems across all carriers. All of these proposals will not only lessen the burden placed upon providers, but also ensure greater access to necessary treatment and diagnostic tools for people affected by MS, which in turn will lead to improved health outcomes.

We thank the Senate Finance Committee for the opportunity to offer this testimony. If you have any questions regarding the Society's position, please do not hesitate to contact Shannon Wood, Director of Advocacy and Policy at [shannon.wood@nmss.org](mailto:shannon.wood@nmss.org).