

# MPCAC

MARYLAND PATIENT CARE AND ACCESS COALITION

February 14, 2023

## VIA ELECTRONIC SUBMISSION

Melony G. Griffith, *Chair*  
Senate Finance Committee  
Miller Senate Office Building, 3 East Wing  
11 Bladen Street  
Annapolis, MD 21401-1991

## Re: S.B. 308 - Health Insurance – Utilization Review – Revisions

Dear Chairwoman Griffith:

We are writing to you on behalf of the Maryland Patient Care and Access Coalition (“MPCAC”) to express our support for S.B. 308. Over the past few months, MPCAC has been working with other organizations on the topic of reforming the method for utilization reviews used by health insurance carriers to determine medical necessity, when a patient’s medical provider orders certain healthcare services. One of the most important aspects of the legislation—reform of prior authorization, addresses a health insurance carrier’s cost-control process that requires physicians and other health care professionals to obtain advance approval from the carrier before a specific service is delivered to a patient to qualify for payment coverage.<sup>1</sup> Too often, these prior authorization reviews cause significant delays and, at times, outright denials, of critical health care services for Maryland patients.

MPCAC strongly believes that S.B. 308 would allow Marylanders to obtain the treatment they need without unnecessary delay by reducing burdens of unnecessary prior authorization requirements, requiring more timely communication between providers and carriers, and having utilization reviews conducted by practitioners with the appropriate medical specialization to conduct the reviews. **MPCAC proudly supports S.B. 308 and stands ready to serve as an ongoing resource to the Senate Finance Committee in its efforts to reform and evaluate utilization review laws.**

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<sup>1</sup> “What is prior authorization”, American Medical Association, <https://www.ama-assn.org/practice-management/prior-authorization/what-prior-authorization>, updated July 12, 2022 and accessed February 13, 2023.

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### **The Maryland Patient Care and Access Coalition**

For nearly 20 years, the Maryland Patient Care and Access Coalition (“MPCAC”) has been the voice of independent physician specialty practices in the State that deliver integrated, high-quality, cost-efficient care to patients in the medical office and freestanding ambulatory surgical facility (“FASF”) settings. With hundreds of physicians in the fields of gastroenterology, orthopaedic surgery, urology, pathology, radiation oncology, and anesthesiology, MPCAC’s member medical practices cared for Marylanders in nearly two million patient visits during the past year. In addition, the physicians in MPCAC’s member practices perform approximately 200,000 procedures in FASFs and endoscopy centers annually.

### **S.B. 308 - Changes to Prior Authorization**

Maryland patients have long needed responsible legislation like S.B. 308 to protect their access to timely medical care. Current law unnecessarily burdens patients with prior authorization obstacles in the following ways: (i) Marylanders with chronic conditions can be subject to reauthorization requirements once a year for the same treatment, despite the provider knowing the treatment works and no change in the patient’s medical condition; (ii) for dosage changes which are fully consistent with the FDA’s dosage labels; and (iii) for obtaining *generic* drugs, Marylanders can be subject to prior authorization requirements. By enacting S.B. 308, these unnecessary and burdensome barriers to care would be removed.

One of MPCAC’s Board members described the treatment of moderate to severe Crohn’s Disease and Ulcerative Colitis, which often requires the use of biologic medication, which can be very expensive without coverage. The treatment of these diseases requires patients to continue to stick to their treatments to avoid what can be dangerous flare-ups which may require hospitalization and even surgery. Under current law, patients suffering from these diseases will face requests for medical records and be forced to jump through unnecessary administrative hurdles even when the patient has been using biologics for years. Even when prior authorization is eventually obtained, the burdens on patient and medical practice result in delays to treatment, risking flare-ups, increasing patient anxiety, and ultimately adding to the cost of the care.

Similarly, the AMA found in a 2021 survey that: (a) 91% of respondents reported prior authorization can lead to negative clinical outcomes with 34% reporting serious adverse events in patients’ care because of prior authorizations; and (b) 82% of respondents reported prior authorizations can cause patients to abandon their course of treatment.<sup>2</sup>

And these prior authorization roadblocks exist even for medical practices with very high rates of approvals, which demonstrates that the practices are providing medically necessary care based on the guidelines set by the carriers. S.B. 308 includes an important study on the feasibility of implementing a “gold card” standard in Maryland, which exempts healthcare providers who meet certain approval thresholds from prior authorization. We urge the General Assembly to pass S.B. 308, so that we can move forward with this study and, ultimately, the adoption of a “gold card” program in Maryland, which would allow patients to obtain treatment in a timelier manner.

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<sup>2</sup> See *id.*

In situations where a prior authorization review is required, MPCAC also supports many of the changes in S.B. 308, which narrow the time that carriers are given for review and decision making on prior authorization requests and related appeals. These improvements in the prior authorization process will reduce delays in treatment and improve Maryland patients; quality of life.

**S.B. 308 – Communication and Expertise of Reviewers**

MPCAC also supports S.B. 308's requirements for health insurance carriers to use providers who are not only board certified in a specialty (as required under current law), but also knowledgeable of and experienced in the particular diagnosis and course of treatment under review. Additionally, mandating a peer-to-peer discussion between a carrier and the treating physician *prior* to making an adverse decision as to medical necessity, can hopefully limit the circumstances in which patients need to wait for the outcome of an appeal.


It is our understanding that in 2022, the Maryland Insurance Administration modified or reversed the carrier's decision (or the carrier reversed its decision during the course of an investigation), 72.4% of the time on filed complaints. In other words, nearly three out of every four times, a carrier's initial decision that created a barrier to patients receiving timely and appropriate care was overturned. MPCAC believes that the changes set forth in S.B. 308 will help reverse this disturbing statistic.

**Overall, we believe S.B. 308 is a necessary step towards helping Maryland's health care providers deliver—and patients receive—the health care services needed without the delays and burdens allowed under existing law.** MPCAC looks forward to continuing to serve as a trusted partner to members of the Maryland General Assembly as we work together to confront the challenges and opportunities facing our health care system and to promote and protect the high quality, cost-efficient and convenient care furnished in the independent medical practice setting.

Sincerely,



Nicholas P. Grosso, M.D.  
Chairman of the Board & President, MPCAC



Benjamin Lowentritt, M.D.  
Board Member, MPCAC

cc: All Senate Finance Committee Members  
Joe Bryce, Manis Canning