

From:
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To: Members of the Senate Finance Committee
Re: Senate Bill 791 (House Bill 932) - Health Insurance - Utilization Review - Revisions Date:
February 21, 2024
Position: Support
Dear Chair Beidle, Vice Chair Klausmeier, and members of the Committee,

I am writing in support of Senate Bill (SB) 791. Prior authorizations are requests by medical providers for insurances to cover medications that are not on formulary. This can be because the patient requires a higher level of medication, needs to remain on their current therapy, has a contraindication to a covered alternative, etc. SB 791 would prohibit insurers from denying coverage for a patient's medication if 1) they had previously approved the drug for the patient, 2) the patient has been continuously treated with the drug since the approval, and 3) the patient's health care provider attests that the patient needs the medication. It would also require insurers to create an online system for use by health care providers that would streamline the prior authorization process. This is extremely important to ensure patients receive their medications in a timely manner. In some cases patients have to wait up to 30 days to receive a determination and in many cases the medication is still denied.

I have been a provider in an outpatient pediatric asthma clinic for a little over a year. Within that one year, the number of times the formularies have changed for different insurances has been on average 2-4 times. When insurances change their formularies, medications that were previously covered are often removed completely. An example of this would be Maryland Physicians Care. Prior to January 1st 2024, they covered a medication called fluticasone-salmeterol, generic Advair, which is a combination therapy MDI (metered dose inhaler). We prescribed many patients this medication whose symptoms could not be managed by a single therapy inhaler (ex. Flovent). When this medication was removed, dozens of patients lost their coverage. The only remaining covered options are "dry powder inhalers." These require a lot of coordination to use them effectively, which most young children are not able to do. They need what is called an "HFA"/MDI inhaler - a spray inhaler that can be used with a spacer/mask - to make sure they get their medication effectively. This is thoroughly documented by multiple studies/research. There is no longer any covered combination therapy inhaler available on formulary for Maryland Physicians Care.

We encounter issues like these on a daily basis. In the week following January 1st 2024, I personally submitted over 75 prior authorizations (usually taking upwards of 30 minutes each) for previously covered inhalers that are now denied. The process for appealing the denials is lengthy and can take 2-30 days to receive a determination from an insurance company. Oftentimes, even after that, the drug is still denied.

Requiring patients to wait to receive or not being able to receive these medications at all is completely unacceptable. Lack of a maintenance inhaler can cause extreme exacerbations of symptoms, leading to illness, flare-ups of symptoms, emergency visits, hospital admissions, and, in extreme cases, death. Just today, I received a denial of an appeal for an inhaler for a 4-year old patient. This was the final option to get his medication approved, and there are no covered

appropriate alternatives. They stated in the denial letter that one of the reasons it could not be approved was because the patient “had no emergency room or urgent care visit for asthma” since his last appointment. This is essentially saying the insurance will not cover his inhaler until his symptoms are so serious that they require hospitalization. It is sickening that this is what is required for a child to simply be able to breathe.

For the reasons explained above, I respectfully request that the Committee issue a favorable report on SB 791.



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