

From: Marilyn Mongillo, R.N., Pediatric Pulmonology, Allergy and Sleep Medicine

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 required when a physician requests a medication that is not on the insurance company formulary. It is very important for patients to be able to receive the medications prescribed by their physicians to keep them out of the hospital and also for patient compliance. Senate Bill 791 would prohibit insurers from denying coverage for a patient's medication if they 1) had approved the drug for the patient previously, 2) the patient has been continuously treated with the drug since approval, and 3) the patient's health care provider attests that the patient needs the medication. It would require insurers to create an online system for use by the health care providers that would streamline the PA process. This is important so patients would not have a gap in taking their medications therefore, preventing "flares" in their illness.

I have been a nurse for over 30 years and have worked in Pediatric Pulmonary, Allergy and Sleep Medicine for over 20 years. In the last couple of years, I have seen a major change in insurance company's dictating what medications our physicians can prescribe. It has caused confusion with our patients when the medications switch so often (at least once a year) when the formulary changes. This leads to patients having to wait for medications and also can cause non compliance. Today, I was following up on a denied prior authorization. I had asked for an override so the family could receive at least medication while they waited for 15-30 days to see if denial was overturned. I explained to numerous people that the patient is 6 years old and cannot take the combination medication that is on the formulary. This patient has been admitted 3 times in the last 12 months and was doing well on his medication until his insurance decided they would not cover it. The only combination medication requires the patient to inhale and hold their breath for 6 seconds. Some of our patients cannot perform this type of administration. As I was on hold and passed to each department within PA department, after an hour, I was disconnected. I called back again and finally received the override. In total I was on the phone for 1 hour and 35 min not including my time spent on Fri working on same patient. We see many patients and spend hours each day working on PA's and denials when we should be spending on our patients.