



**DATE:** March 28, 2024      **COMMITTEE:** House Health and Government Operations  
**BILL NO:** Senate Bill 791  
**BILL TITLE:** Health Insurance - Utilization Review - Revisions  
**POSITION:** Support

## **Kennedy Krieger Institute supports Senate Bill 791 - Health Insurance - Utilization Review - Revisions**

### **Bill Summary:**

Senate Bill 791 would require changes and enhancements to the prior authorization process. The bill includes a study, workgroup, and reporting requirements by the Maryland Health Care Commission and the Maryland Insurance Administration.

### **Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

### **Rationale:**

The current process for utilization review of prescription drugs and devices is a barrier to access to care for the vulnerable patient population served at Kennedy Krieger. These requirements often disproportionately affect patients with developmental disabilities and complex medical needs, who have an increased risk of experiencing serious adverse effects with delay for treatment. A recent study found that 38% of children whose insurance companies required prior authorization for anti-epileptic drugs experienced a lapse in coverage of their medication; 30% of those had increased seizures as a result.<sup>1</sup>

Additionally, should a patient change to a different insurance provider, the new insurance provider often requires their own authorization prior to agreeing to cover the prescription. This can harm a patient who is medically stable on their current regime when their prescription cannot be filled in a timely fashion. The provision requiring a carrier to allow a patient to remain on a current medication for the period of 90 days while the new carrier makes their review, is a key mechanism to prevent this sort of unwarranted and potentially harmful interruption in care.

Such reviews should be completed by a provider whose specialty has purview over the treatment under review, and therefore is familiar with the risk of delaying access to the drug or device. This congruence of specialty with treatment review is especially important for patients with rare diseases and/or uncommon presentations of common diseases.

Finally, and of critical importance to efforts to improve health equity, prior authorizations have been implicated in worsening care inequities. A review of over 150,000 patients found that prior authorization rejections were more common for women, racial minorities, those with low education, and in low-income groups.<sup>2</sup> The disproportionate impact of prior authorization requirements on lower-income patients is especially concerning, as prior authorizations have been found - in contrast to their stated intent - to increase medical costs by worsening disease and increasing hospitalization rates.<sup>3</sup>

## **Kennedy Krieger Institute requests a favorable report on Senate Bill 791.**

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<sup>1</sup> Wirrell EC, et al, Impact of Prior Authorization of Antiepileptic drugs in Children with Epilepsy. *Pediatric Neurology* 83:38-41 (2018)

<sup>2</sup> Myers KD et al, Effect of access to prescribed PCSK9 inhibitors on cardiovascular outcomes. *Circ Cardiovasc Qual Outcomes* 12(8):e005404 (2019).

<sup>3</sup> Marcus, B.S., et al. Burden with No Benefit: Prior Authorization in Congenital Cardiology. *Pediatr Cardiol* 45, 100–106 (2024).