NURSE PRACTITIONER
Association of Maryland

"Advocating for Nurse Practitioners since 1992"

Bill: Senate Bill 791/House Bill 932

Position: Support

Dear Chair, Vice Chair, and Members of the Committee:

On behalf of the Nurse Practitioner Association of Maryland (NPAM), representing 849 nurse practitioners in the State, I am writing to express our support for Senate Bill 791/House Bill 932.

Utilization review techniques, particularly prior authorization and step therapy, have become significant barriers to patient care, often resulting in delays, denials, and unnecessary administrative burdens for both patients and healthcare providers. The statistics from the 2022 Report on the Maryland Health Care Appeals and Grievances Law are alarming, indicating a substantial increase in adverse decisions by insurance carriers, adversely affecting patient outcomes and adding to healthcare costs.

The proposed legislation addresses several key issues in utilization review, with a focus on streamlining processes, enhancing transparency and communication, and ultimately prioritizing patient care. The provisions outlined in the bill, such as prohibiting denials for medication renewals when previous approval has been granted and ensuring timely communication and explanation of denial decisions, are essential steps toward mitigating the adverse impact of utilization review on patients.

Furthermore, the emphasis on increasing transparency, providing dedicated call lines for denials, and mandating peer-to-peer reviews when requested by healthcare providers are critical measures to foster better communication and collaboration between insurers and healthcare professionals. By aligning review criteria with established medical standards and ensuring that decisions are based on clinical expertise, we can uphold the integrity of the healthcare system and prioritize the needs of our patients.

We are also in strong support of the provision prohibiting an insurer/PBM from issuing an adverse decision on a reauthorization for the same prescription drug or request additional documentation from the prescriber for the reauthorization request if: (i) the entity previously approved a prior authorization for the prescription drug for the insured; (ii) the insured has been treated with the prescription drug without interruption since the initial approval of the prior authorization; and (iii) the prescriber attests that, based on the

prescriber's professional judgment, the prescription drug continues to be necessary to effectively treat the insured's condition (page 7, lines 11-22).

Patients are routinely harmed when insurers approve a prescription drug for a year and then take that drug away from the patient – not because the drug isn't effectively managing their symptoms but because the insurer's formulary has changed (often due to rebates), and the patient is now being forced off a drug to take a cheaper drug. This creates a never-ending cycle where the patient is subjected to repeated drug changes based on formulary and savings to the insurers without protection to the patient. Too often, this results in a bad health outcome for the patient.

I commend the collaborative efforts of the General Assembly, healthcare practitioners, patient advocacy organizations, and insurance carriers in developing this legislation. It reflects a commitment to addressing the challenges posed by utilization review techniques and striving for a more patient-centered approach to healthcare delivery.

In conclusion, I urge you to support Senate Bill 791/House Bill 932 and advocate for its passage to enact meaningful reforms that will improve patient access to care, enhance transparency and communication in the utilization review process, and ultimately, promote better health outcomes for all Maryland residents.

For these reasons, we respectfully request a favorable report.

Sincerely,

Malinda D. Duke CRNP-PC

Malinda D. Duke CPNP-PC, CDCES
Executive Director, NPAM
5372 Iron Pen Place
Columbia, MD 21044NPAMexdir@npedu.com
443-367-0277 (office)
410-404-1747 (mobile)