



**DATE:** February 23, 2022      **COMMITTEE:** Senate Finance  
**BILL NO:** Senate Bill 688  
**BILL TITLE:** Health Insurance - Utilization Review for Coverage of Prescription Drugs and Devices - Expedited Appeals  
**POSITION:** Support

**Kennedy Krieger Institute supports Senate Bill 688 - Health Insurance - Utilization Review for Coverage of Prescription Drugs and Devices - Expedited Appeals**

**Bill Summary:**

Senate Bill 688 establishes certain requirements on utilization review of prescription drug and device coverage and expedites appeal when a prescription drug or device has been denied coverage.

**Background:**

Kennedy Krieger Institute provides specialized services to patients nationally and internationally. 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.

**Rationale:**

The current process for utilization review of prescription drugs and devices has been a barrier for access to care for the 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.

Healthcare providers across all disciplines have remained highly focused on providing optimal care during the COVID pandemic and resulting disruptions to standard mechanisms for care. During this time, especially, the excessive paperwork and increased utilization of remote work by authorizing agencies has made it even more difficult for providers to get timely responses when requesting coverage, ultimately delaying care.

It is appropriate that prescription authorizations could also be expedited by allowing the review of reconsideration of approval to be completed by a provider who is of same specialty, and therefore familiar with the risk of delaying access to the drug or device. This congruence of specialty is especially important for patients with rare diseases and/or uncommon presentations of common diseases.

Additionally, should a patient change insurance providers, the new insurance provider often requests authorization prior to agreeing to cover the prescription. This action can harm a patient who is medically stable in their current regime when a prescription is not available to be filled in a timely fashion. The provision in SB688 D(2) disallowing utilization review for a prescription drug that has been prescribed uninterrupted for 6 months or more is a key mechanism to prevent this sort of unwarranted and potentially harmful interruption in care.

**Kennedy Krieger Institute requests a favorable report on Senate Bill 688.**