

Support: HB 305 Health Insurance - Utilization Review - Revisions

2/12/2023

Maryland House of Representatives
Health and Government Operations Committee
Room 241
House Office Building
Annapolis, Maryland 21401

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

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of **HB 305 Health Insurance- Utilization Review- Revisions**.

Prior authorization and step therapy policies (known as utilization review) used by the insurance carriers are increasingly hurting patients and overburdening health care providers. Denials by insurance carriers continue to rise. In 2018, there were 78,314 denials based on medical necessity; in 2021 that number increased to 81,143. More importantly, when patients filed complaints with the Maryland Insurance Administration (MIA), the MIA ruled that in more than 7 out of 10 cases the insurance carrier was wrong, and that the patient should have received the health care service.

In 2021, the American Medical Association (AMA) conducted a survey on the impact that prior authorization/step therapy processes have on providers and patients and found that:

- 93% of providers reported delays in access to necessary care.
- 82% of physicians reported that patients abandoned their recommended course of treatment because of prior authorization denials.
- 73% of providers reported that criteria used by carriers for determining medical necessity is questionable - 30% of providers reported that it is rarely or never evidence-based and 43% only sometimes evidence-based.
- 24% of providers report that PA has led to a patient's hospitalization.
- 18% of providers report that PA has 18% led to a life-threatening event or required intervention to prevent permanent impairment or damage.
- 8% of providers report that PA has led to a patient's disability/ permanent bodily damage, congenital anomaly/birth defect or death.

The survey also reported that 88% of providers describe the burden of prior authorizations as high or very high with 40% of providers reporting that they have staff who exclusively work on prior authorizations.



NAPNAP along with other advanced provider and physician specialty societies and patient advocacy groups, are supporting legislation to put care back in the hands of physicians and protect patients from delays and denials in care.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **HB 305 Health Insurance- Utilization Review- Revisions and requests a favorable report.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward, the Chesapeake Chapter President at 410-507-3642 or lindsayjward@hotmail.com.

Sincerely,

A handwritten signature in cursive script that reads "Lindsay J. Ward".

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
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