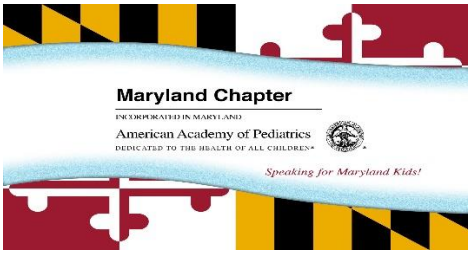

Senate Bill 308/House Bill 305: Health Insurance – Utilization Review – Revisions
POSITION: SUPPORT

Maryland Chapter of the American Academy of Pediatrics is in strong support of **Senate Bill 308/House Bill 305: Health Insurance – Utilization Review – Revisions**. These bills will better ensure that patients, especially pediatric patients, can access medications and health care services in a timely manner and not be subject to unnecessary and often harmful delays.

The process for submitting prior authorization requests must be improved. While in some instances, the electronic prior authorization format is functional, it too often is non-productive and results in patient care delays. Being rigidly formatted, it is difficult to determine the trigger or criteria that will be needed for approval of a prior authorization. Multiple submissions of documentation are often requested with no clear path to success. In addition, because the electronic prior authorization systems don't link to electronic medical records, any additional information must be separately uploaded to the system, taking an enormous amount of staff time. Access to empowered, knowledgeable, practicing pediatric physicians is missing when prior authorization rules mandate medications that are incompatible with certain ages or developmental capabilities. For example, a commonly mandated inhaled asthma controller medication is incompatible with the spacer administration devices required for effective use in young children. Consequently, staff are required to use a system that will ultimately deny the medication, which then requires us to submit additional documentation or schedule a peer-to-peer meeting to explain why the medication is medically necessary. Difficult to efficiently arrange, the peer-to-peer meeting is sometimes not even with a pediatrician.

In addition, fluidity to reflect real-time changes in diseases, treatments, and recommendations must improve. For example, recently, there was an unexpected shift in the season of the prevalence of RSV -- Respiratory Syncytial Virus. A sharp rise in cases began occurring in May and June before the usual fall/winter season. The American Academy of Pediatrics reviewed the situation and issued a recommendation that certain at-risk pediatric patients be prescribed Synagis as a preventative treatment against this life-threatening disease. There was one particular patient of mine, a young child with complex congenital heart disease -- a child whose condition matched the Academy's recommendation and the recommendation of his cardiology specialists. Despite the clearly stated updated recommendations for dosing during

this atypical season and our determination that the patient should receive it, there was an approximate six (6) week gap of exposed vulnerability between the time of the initial request for the medication and the actual administration, due primarily to denials and requirements for additional documentation.

As pediatricians, we are aligned with the goals of ensuring that our recommendations are optimally indicated, safe, appropriate, and cost-effective. We are well-aware of drug interactions and safety issues of medications, as well as the need to efficiency utilize health care services and resources. We are, by nature, protective of our patients and families, not subjecting them to unwarranted discomfort, risks, and expense. Data on my practice and prescribing patterns are continually collected and evaluated by the same payers executing multiple duplicative layers of reviews, restrictions, and appeals. A physician with a documented record of appropriate and cost-efficient care should have their prescribed treatments promptly received based on initial attestation of medical necessity and propriety. Be it a "gold card" or similar, there should be approval mechanisms which don't require the repeated demonstration and evaluation of necessity. We believe that the changes contained in Senate Bill 308/House Bill 305 will bring much needed relief to our physicians while Maryland studies how to better improve these systems. Thank you.

Submitted by:

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