Senator Pam Beidle, Chair
Senator Kathy Klausmeier, Vice-Chair
Senate Finance Committee
Miller Senate Office Building
11 Bladen St, Annapolis MD, 21401

MARYLAND ONCOLOGY HEMATOLOGY

February 21, 2024

Support SB 791: Health Insurance – Utilization Review – Revisions

Honorable Chair, Vice Chair, and Members of the Senate Committee,

Thank you for the opportunity to convey our Support for **SB 791: Health Insurance – Utilization Review – Revisions** on behalf of Maryland Oncology Hematology (MOH). Passage of this bill as introduced would make important updates to Maryland's prior authorization statutes that will have a meaningful impact on timely access to appropriate care for the critically ill patients that we treat.

At Maryland Oncology Hematology (MOH), we offer quality cancer care that provides every advantage to help control and cure the disease. Our team of 52 board-certified physicians and numerous advanced practitioners are dedicated to the evaluation and treatment of all types of cancers and blood disorders. Our providers are backed by a team of oncology certified nurses, laboratory technologists, and support staff, with one goal in mind, to provide personal care and support so our patients can focus on healing. With 15 locations across Maryland, we provide convenient and high-quality cancer care to over 77,000 cancer patients a year.

Utilization management processes like prior authorization were originally intended to be a check and balance for uncommon or high-cost procedures; however, it has now become a catchall for restricting access to care. Over the last few years, prior authorization requirements for common cancer treatments and oral oncolytic medications have significantly increased, leading to delays in needed care, interference with the physician-patient relationship, increases in overall health care costs as patients try and fail multiple costly treatment options before qualifying for the most appropriate drug, and most importantly, adverse outcomes for patients.

Without guardrails to protect the patient, these protocols would take clinical decision making out of the physician's hands and give it directly to the insurance company. Those at the health plan reviewing the prior authorization requests have no direct knowledge of the patient, insufficient training in the most up to date clinical evidence, and/or lack specialized expertise in cancer care.

With that in mind**, we urge the Senate Committee the pass this legislation with the following provisions preserved** so that patient's intended treatment protocols remain intact:

- **Prohibiting carriers from issuing a denial of care when a patient requests a renewal for a previously approved drug when they have been successfully treated on that drug in the past**. Switching patients from one drug to another in its class can cause patients to lose efficacy in their treatment regimens. Additionally, it has been cited to increase overall costs of care as the loss of efficacy leads to further physician office visits, potential increased dosages or instances of treatment, and hospitalizations.[1]
- **Requiring 90 days of continuity of care in authorized prescription drug coverage** as the patient transitions from one state health plan to the next. This will allow physicians to work with their patient's health plan to adapt treatment protocols as needed, if needed, in a way that minimizes harm to the patient.

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7021884/

- **Mandating that health care provider requested "peer to peer" reviews must occur between clinicians of the same specialty.** Oncologists treat patients with diverse diseases expressing highly complex presentations. It is critical that peer-to-peer reviews in oncology be performed with clinicians who have background knowledge of malignancies.
- **Deeming carrier approval of prior authorization requests if unacknowledged within a certain timeframe.** Cancer patients' outcomes are highly dependent on the timeliness of access to care. By placing definitive guardrails around how long a health plan may deliberate on prior authorization, care delays can be diminished.
- **Studying the possible elimination of prior authorization through "Gold Carding" programs and "Value Based Care" arrangements**. The process of applying for prior authorization is a tremendous administrative burden on physician practices and causes an overwhelming care delay for patients. We support any endeavor to find a thoughtful, evidence-based approach to reduce this delay and burden.

Since we are treating so many individuals in our communities, our practice has a full team dedicated to processing prior authorization requests to ensure that our patients receive the most appropriate care. We accept every health plan offered in the state, offer a full range of charitable care options, and work with every patient to help meet their needs. The improvements to utilization management processes in state-based health plans that this bill has put forward will have a marked impact on our team's ability to process these administrative requests in a timely manner. It will lead to more improved outcomes for the 1 in 5 of our patients who are on state-based health plans by offering them reduced care delays, higher quality clinical supports, and more continuity in their access to medications.

This bill could be a game changer for the thousands of Maryland patients who rely on us every year for quality cancer care. If you have any further questions regarding the impact of prior authorization on cancer patients, please do not hesitate to reach out. We welcome the opportunity to be a further resource for you. Thank you for your time and we hope that you will consider joining us in our support for this measure.

Sincerely,

George Sotos, MD
Practice President
Maryland Oncology Hematology