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Health and Government Operations
Committee

Chair

Health Occupations and
Long-Term Care Subcommittee

House Chair

Joint Committee on Administrative,
Executive, and Legislative Review



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Testimony of Delegate Samuel I Rosenberg

Before the Health and Government Operations Committee

In Support of

House Bill 1301

Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

Madam Chair and Members of the Health and Government Operations Committee:

Prior authorizations represent a present threat to Maryland's healthcare system and its current and future patients that must be mitigated. They require a doctor or provider to obtain approval of a patient's health plan before providing that patient any healthcare services. Authorization typically takes several days and forces hospitals to delay admissions to avoid risking nonpayment for the entire length of an in-patient stay.

Our healthcare system has disproportionately prioritized healthcare administration over investment in actual healthcare. Reflecting this, nationally, the Peterson-KFF health system tracker shows that there is a 10:1 administrator-to-doctor ratio. The tracker also demonstrates how the number of healthcare administrators increased over 3,800 percent between 1970 and 2019, compared to a 200-percent increase in the number of doctors.

House Bill 1301 represents a continuation of our office's efforts from the introduction of House Bill 1376 (2024) to eliminate prior authorizations and improve efficiency in our healthcare system. During the COVID-19 pandemic, these MCO prior authorizations to special pediatric hospitals were suspended, and transfers from acute care were expedited. Also, during this time, all expedited admissions were later confirmed to be medically appropriate. While we continue to see substantial shortages of healthcare workers, any viable method for increased efficiency will be crucial.

It is both cruel and unnecessary to require prior authorization before conducting any evaluation of the type of care and resources that would be needed for this post-acute treatment.

HB1301 would vastly improve the efficiency and effectiveness of Maryland's healthcare system, and I urge the Committee to issue a favorable report.

March 6th, 2025