



Date: February 28, 2024

To: Chair Houghton & Members of House Health Care Committee

From: Susan Ridzon, HealthFirst Executive Director, sr@vermonthealthfirst.org

Re: [H.766, draft 2.2](#)

Thank you for the opportunity to reiterate our support for H.766. I'm Susan Ridzon, the Executive Director of HealthFirst, representing 62 physician-owned primary care and specialty care practices located across Vermont.

As you heard over the past several weeks, prior authorizations, claims edits and stringent step therapy requirements are significant administrative burdens that delay care, contribute to provider burnout, and increase the cost of care. Consider these quotes from community physicians:

- "Administrative burden is one of the main limitations of our ability to care for our patients."
- "Our staff is small, and these burdens are directly on physicians and nurses. We spend an increasing amount of time and resources on these issues to the point that our practice is in constant financial peril. The more time we spend fighting for patients, the less financially secure our practice is."
- "Patients and staff are frustrated by the delays in care created by the obstructions of the insurers. Patients get angry at my staff and then my staff gets burnt out and quits."
- "We as providers are no longer in control and our patients realize that and have lost faith in our profession. This has disrupted the cherished trusting relationship that is required to manage complex medical illnesses. Everyone is exhausted and angry."
- "A commonly prescribed medication was recently denied by my patient's insurance. He had been on it for years without issue. He is a young man with a busy life but has severe genetically medicated hypertension. The denial led to out-of-control blood pressure, and he ended up in the emergency room. Despite my 30 years in cardiology, I am hard pressed to understand why this medication would be denied. We spent hours on the phone and sorted things out but never got a clear answer."

When the payers talk about the potential cost of this bill, they do not talk about the cost to patients, providers, and the entire healthcare system such as:

- The cost of an ED visit that should have been avoided
- The cost of patient worries and worsening health due to delayed care
- The cost of hours of wasted time on hold with the insurance company
- The cost of submitting prior approvals that are almost always eventually approved
- The cost of frustrated providers and staff quitting and practices closing
- The cost of the loss of trust in the providers and the health care system
- The cost of claims edits that inappropriately drive care to higher cost settings
- The cost to practices like Dr. Lin's where much time was spent navigating BCBSVT's onerous claims editing processes, and payments were significantly delayed or denied, when 100% of the practice's claims edits were eventually deemed appropriate

We again ask for your support on this important piece of legislation that will help to ease administrative burden in our healthcare system through reasonable requests for streamlining, standardization, and transparency. Let's put healthcare decisions back where they belong: in the hands of patients and providers!

Thank you for your continued work to improve our healthcare system.

ⁱ Some quotes edited for brevity or clarity