April 7, 2024

Thank you for inviting me to testify today. I am speaking as a member of the Green Mountain Care Board's Primary Care Advisory Group (which I'll refer to as PCAG). We are a diverse group of 16 primary care providers from across the state, from hospital-owned, private practices and FQHCs. We are MDs and APRNs, family physicians, pediatricians and geriatricians. PCAG has made decreasing the burden of prior authorizations a priority since its inception in 2016. In my testimony today, I will be giving you specific examples from members of PCAG about the coat and harms caused by PAs. We urge you to support H.766, a bill that stands to improve multiple critical issues in primary care including patient access, patient outcomes, high cost, fragile primary care infrastructure, workforce shortage and professional burnout.

Insurance companies will tell you that they save money with PAs. But they do so on the backs of already overburdened primary care practices. This increases overall healthcare cost and decreases patient access. Where I work, at Wells River clinic, part of Little Rivers Healthcare, we have one full-time staff member working

solely on PAs for 4 providers. Estimates from other PCAG members are similar; 1 employee working on PAs for every 4- 6 providers. This is financially draining and decreases patient access to primary care. Think for a moment how we might be able to expand *meaningful* primary care services if these nurses could spend their time in actual patient care, such as regular calls to check on our frequent ED users, or education for newly diagnosed diabetics.

Prior authorizations cause real harm to patients. Some examples from PCAG members:

“I am currently caring for a 21-year-old with an unintended pregnancy which occurred when she missed several days of her birth control while waiting for a PA to come through.”

“I recently cared for a cancer patient who, due to bowel damage from radiation therapy, was unable to absorb oral pain medications, so she used a topical narcotic patch. During her terminal illness, there were two week-long delays in getting the PA for the patch. We were told that further clinical information was required, even though the rationale was clearly outlined in the office notes. We were told our faxes hadn’t come through, even though they were documented as successfully sent in our

system. We were told that the “appeals window” had expired and we had to reapply. Twice, her husband chose to pay hundreds of dollars out of pocket so that she could have pain relief and avoid narcotic withdrawal.”

“A patient’s insurance stopped covering her asthma inhaler, which had been working well. She had an adverse reaction to the new inhaler, progressive worsening of her asthma, and required hospitalization. Subsequently, multiple PAs for alternative inhalers were denied. The appeals rep wouldn’t accept a verbal appeal and sent a form to fill out. We are still waiting for a response two weeks later”.

“I have an 11-year old patient with such severe behavioral problems that he cannot safely be in school without his medication. He’s had a remarkable sustained response to medication, which allows him to attend school and learn. His mother changed insurance, and they won’t cover the medication until he has *tried and failed two other medications”.*

Prior Authorizations increase cost and decrease access to primary care. Insurers will tell you that PAs are done within 48 hours and on-call wait times are less than 8

minutes. If you are inclined to believe them, the members of PCAG invite you to spend a day in our clinics. Here are some of our experiences:

“We’re often told we’ll get a call back and don’t. This happened when the insurance company phone recording warned of one hour wait times. It has happened when we’ve scheduled peer-to-peer consults (the last step in the appeal process) with our providers”.

“Being on hold for an hour *simply to ask if a prior authorization is needed*.”

“When looking into a delay on a PA, we were told we’d faxed the appeal to the wrong number, even though it was the one on the denial form.”

“Often the Insurance company provider on peer-to -peer calls hasn’t even read the clinical note outlining our rationale for the needed testing. We have filled out forms, faxed documentation and clinical notes, and the insurance company’s decision-maker hasn’t even looked at it.”

Many PCAG members say they have sent patients to the ED and to specialists to get testing done. An example is a

child with head trauma needing a head CT. Delay in PA caused the pediatrician to send the child to the ED.

Delays caused by PAs are common with antibiotic, cardiac and asthma meds, which are time-sensitive medications in preventing ED visits, hospitalizations, and patient harm.

Two PCAG members have had patients require hospitalization because of delays in getting home oxygen approved.

The PA process feels irrational and burdensome. It contributes to professional burn-out.

"PAs feel like a game of trying to use the correct language that the insurance company prefers".

"Many denials are not about clinical judgement, but about technicalities in the ordering process that lead to initial denials and delay medical care".

"The greatest frustration that there is NO access to the actual criteria used to cover tests or medications! My staff will sometimes answer questions in all different ways on the on-line system to try to discover what might result in coverage!"

PCAG members report having specialists tell patients to ask their PCP to order certain tests that require PA, thus off-loading the PA burden onto primary care. A recent example is a cardiologist recommending sleep apnea testing but telling the patient to ask the PCP to order it. The PA burden then becomes unpaid work for the PCP.

“We had denial of 4 birth control prescriptions in a row for a 17-year-old patient. There was no list of covered birth control pills on the insurer’s website. We just had to keep putting in different prescriptions until one was covered”.

As legislators, you are well aware of the recurring issues in today’s challenging health care scene; patient access, patient outcomes, high cost, fragile primary care infrastructure, workforce shortage, and burnout. H.766 plays a role in addressing all of these. Please provide your support.

Many thanks for your attention today, PCAG is grateful for you dedication to improving health care in Vermont. I am able to stay for questions.

Fay Homan, MD
Representing PCAG