

Good Morning House Health Care Committee members,

I understand that H. 766 is back before your committee with some Senate changes included. I want to take one last opportunity to convey Cigna's outstanding concerns with the bill as described in the attached testimony shared with the Senate Finance Committee.

I would specifically like to mention how difficult it will be for any carrier to ensure appropriate evidence-based care for patients by forcing commercial health plans to align prior authorization, even as limited by the Senate to primary care, with the Vermont Medicaid program multiple reasons:

- First, the two patient populations have some key differences, including:
 - Medicaid primarily serves pregnant women, children, low-income families, and individuals with disabilities and other medical needs.
 - Commercial plans primarily serve employed adults and their dependents.
 - As a result, health care is qualitatively and quantitatively very different for each of these two populations; **these differences require evidence-based utilization management policies and guidelines that are tailored to the specific health care needs of each of these patient populations.**
 - Based on the unique health care needs of each of these populations, forcing alignment of evidence-based utilization management policies and guidelines between Medicaid and Commercial populations carries material risks for patient health outcomes.
- Second, the guidelines and policies utilized by Vermont Medicaid combine multiple sources without clear delineation as to which source is being used for which services, and are not readily accessible to the public.
 - Some of the criteria used (Interqual) require a separate license unless you are a registered Vermont Medicaid provider with individual login credentials.
 - Others (DVHA Clinical Criteria and VT State Medicaid Rules) do not appear in the public domain at all.
 - As a result, **there is no practical path for a carrier or the member to review and understand the existing Medicaid processes without large scale investment in the creation and ongoing maintenance of transparency on the State's website to facilitate adherence to this requirement.**

- Third, there are already well-accepted standards for the level of evidence that is required to ensure optimal patient care that is aligned with current best practices:
 - There is already broad national multi-stakeholder acceptance that patients deserve to receive care that is:
 - based on nationally recognized, generally accepted standards, except where State law provides its own standards;
 - developed in accordance with the current standards of a national medical accreditation entity;
 - structured to ensure quality of care and access to needed health care services;
 - evidence-based;
 - sufficiently flexible to allow deviations from norms when justified on a case-by-case basis; and
 - evaluated and updated as new evidence is generated (at least annually).

By requiring alignment with Vermont's Medicaid criteria for prior authorization requirements, the state is effectively eliminating the ability of health plans to ensure the members they serve will receive the most up to date evidence-based care. We respectfully request that you remove this provision from the bill.

Additionally, I want to again point to the 2023 report by Milliman for Massachusetts, which outlines the potential impact of eliminating prior authorization. This report found that commercial premiums could increase by between \$600 and \$1,500 per member per year, and Medicaid capitation rates could increase by between \$270 and \$1,100 per beneficiary annually if prior authorization were eliminated. This report also concluded that elimination of prior authorization in Massachusetts would result in an additional \$5.5 billion in premium costs, annually, for commercial plans, and close to \$3.5 billion in costs for Medicaid when applied to current enrollment. ([Milliman report on the potential impact on costs and premiums related to eliminating prior authorization in Massachusetts.](#))

As always, thank you for your consideration, and please reach out to me if I can answer any questions or concerns that you may have.

~Christine

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