

Dear Members of the Vermont House Healthcare Committee,

Thank you for the opportunity to testify Thursday morning on H. 766 - An act relating to prior authorization and step therapy requirements, health insurance claims, provider contracts, and collection of cost sharing amounts.

After hearing some of the comments made between 11am-12PM, I am hoping to add the following thoughts to my testimony:

I will not benefit financially from ending prior authorizations. My testimony is not motivated by financial gain.

As referenced in my written submission, physicians are suffering from moral injury and committing suicide, quitting, and/or reducing hours which impacts both availability for patients, continuity of care, and overall quality. Patients wait for months for appointments, get bounced around between providers, overuse emergency departments, and do not benefit from having a relationship with a doctor that really knows them or has enough time to appropriately care for them. We need to find ways to allow physicians to spend time providing direct patient care and not require adding even more staff to manage administrative burdens. This will ultimately benefit patients through better access, continuity, and quality of care.

As detailed in the written testimony, including the 2018 Green Mountain Care Board Primary Care Advisory Group recommendations to end prior authorizations, proponents of prior authorizations fail to account for many of the direct and indirect costs associated with this administrative burden. I suspect that the net \$30M BCBS VT saved annually by denying physician-ordered care costs the medical system at least that in associated by unaccounted for costs to Vermont patients. Even if we accept that inflated savings figure, $\$30M / 220k \text{ enrolled members} = \$11/ \text{ month/ member}$. Why are we damaging the physician workforce and patient access for \$11/ month when the overwhelming majority of prior authorizations are approved?

The BCBS of VT representative noted removing prior authorizations for [Vermont Open MRI](#) in Williston due to low cost (25% of other MRI providers). It shows a BCBS VT willingness to remove prior authorizations for certain price points; however, you should know from a practicing physician perspective that:

- I do not refer people to open MRIs unless absolutely necessary due to sub-optimal image quality that required some MRIs to be repeated (though the recent upgrade to a 3 Tesla magnet may help).
- Some patients do not have reliable transportation to go to Williston, and the cost of transportation is not included in the BCBSVT assessment.

- Is it possible that the low cost is due to low demand for the reasons stated above?
- How can an MRI facility with an upgraded 3 Tesla magnet operate a 25% of the cost of other facilities, or rather, why are the other facilities so much more expensive?

Ultimately, the answer will be to end prior authorizations and focus on [educating the public and healthcare providers about appropriate use](#) of healthcare treatments and resources.

I am always willing to come back if I can help.

Thank you for your time and consideration.

Mark

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