

March 25, 2024

Sen. Ginny Lyons vlyons@leg.state.vt.us

Sen. Ruth Hardy rhardy@leg.state.vt.us

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Sen. David Weeks dweeks@leg.state.vt.us

Sen. Terry Williams tkwilliams@leg.state.vt.us

Sen. Kiki Carasi-Schwartz kcarasi-schwartz@leg.state.vt.us

Dear Members of the Vermont Senate Health and Welfare Committee,

The purpose of this letter is to urge you to prioritize bill H.766, which has unanimously been passed by the Vermont House Health Care Committee and which aims to reduce prior authorization, step therapy, and other insurer billing requirements.

Retina Center of Vermont (RCV) is a three-doctor Ophthalmology practice located in South Burlington. We are the only independent providers of vitreoretinal care in Vermont. We provide routine outpatient care, treatment, and surgery for more than half of all Vermonters who require these services, and we share urgent care hours with UVMHN's Ophthalmology department.

We aim to provide care for patients regardless of the health insurance companies they have chosen. However, it has become increasingly difficult to remain "in-network" providers with some insurance companies due to the administrative burdens and financial risks that they have imposed. By far the most impactful burden in recent years has been the systematic, senseless hurdles of prior authorization, so-called "step-therapy," and prepayment claim edits that many insurance companies have applied to medications that are administered in the office.

Such requirements have forced RCV to increase our staffing to keep up with prior authorizations and with other insurance requirements after services are rendered. Perhaps most importantly, the need for prior authorization for even the least costly medications available to treat specific diseases has resulted in delayed patient care. This creates potential medical risks, of course, and it is particularly troublesome for our elderly patients who need to travel long distances to visit our office, and who are often reliant on friends, family members, and volunteer agencies for transportation.

Insurance companies try to justify prior authorization, step-therapy, and pre-payment claim edits by citing cost savings for their members; meanwhile, insurance costs are rising each year. Meanwhile, the financial burden falls squarely on medical practices, who inevitably become so overwhelmed by the specific requirements for each insurance plan that they miss a detail and are subsequently unable to obtain reimbursement for certain services or medications in the time allotted.

It is time to shift the burden of financial risk back to medical insurance companies, so that medical providers can focus on providing better—and more cost-effective—medical care.

Thank you very much for your consideration of this very important bill.

Michelle L. Young, MD

Đạvid J. Weissgold, MD

Sincerely

Aaron P. Mitton, Practice Administrator