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Dear Vermont Senate Health and Welfare Committee,

This letter is in support of H 766 as this bill advocates to keep the focus on the patient: local, helpful and timely care in their community. Excessive time and efforts to understand the nonsensical requirements of Prior Authorizations (PA) plus arguing for patient medications and tests that are needed is hurting our patients and shaking doctors' participation in the health care system. There was some respite from PAs during the pandemic in VT, but now things are worse than ever. For instance, the most commonly prescribed asthma daily preventive inhaler for children has been discontinued. The 'covered options' by many insurers are not the same, do not make sense and could cause harm. The generic, cheap options are not advocated for or available and not always supported by health insurance companies. Thus, the PAs roll in to cover necessary medicine and cover gaps from manufacturers to keep kids healthy.

In my business of pediatrics the patient is an infant, child or young adult. We typically interact and support the entire family through our duty to the health of the youth in the family. We greatly benefit as a medical home by using tiers of support and care through programs like the Blueprint for Health and One Care Vermont CPR program so that we can all meet the diverse needs of a patient. These needs include social work, nutrition, care coordination and mental health coordination.

We primary care providers seek positive outcomes and enhanced access to basic health care, and enjoy doing it. To have open hours for working people, slots for emergencies to see people who would otherwise end up in an Emergency Room, we need to be free and accessible. The administrative time I spend on paperwork as a seasoned independent physician prevents this access and is unlike anything I could have ever imagined. Basically I spend time writing letters, signing papers and calling insurance companies to justify the high quality evidence based medicine I practice every day. And, our staff, spends more time than us doctors on pushing these papers around. Of my typical 8 hours seeing patients, about 30-60 minutes is spent on these activities. That is 4 sick visits not available to our patients and that is not OK.

Our goals as Vermont physicians are to be at our best: to train and maintain certifications, pursue research and education as a lifelong commitment and thus best serve our patients. Insurance companies and their leaders do not experience this sense of duty. They make decisions every year that baffle us and are often out of our control. This is clear with the recent double digit increases in policies for health insurance that our Green Mountain Care board negotiated. Keeping track in medical

homes, online and at the pharmacy levels of all of the changes that are not clinically based is maddening and costly. If insurance companies audited themselves and quantified the administrative burden they have, we all have, it would equal an exorbitant amount of money. This capital should be re-invested in the health care system and allowed to reduce or even hold steady health care insurance premiums!!

I have been trying to communicate with the medical director of our largest insurance company in VT to ask about some of these variables. I cannot get through. Trust is primary care is critical; not blanket support for insurance companies!

Thank you for taking up these important issues in my daily practice and our medical homes. And thank you for serving Vermonters.

Sincerely Yours,

Elizabeth Hunt, MD, FAAP

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