

Senator Bailey, Representative Mathieson and Members of the Joint Standing Committee on Health Coverage,

I am Diane Zavotsky, MD , a Board Certified Family Physician from Embden and I am submitting testimony in support of LD 1496 An Act to Ensure Ongoing Access to Medications and Care for Chronic Conditions and Conditions Requiring Long-term Care by Changing Requirements for Prior Authorizations.

I am supporting this bill because the interruptions in care that excessive prior authorizations and the inefficiency , the use of time and resources to get approval for medications that are carefully and thoughtfully prescribed in almost all cases, is placing a burden on patients and their medical providers.

This bill will eliminate the illogical practice of requiring a new authorization for a simple dose change of medication that a person is already receiving. I have been asked to submit a new authorization for a diabetes medication , Dulaglutide , simply because the patient needed to increase to the next dose to control blood sugar. It has resulted in delay and the patient going without needed medication for over a week.

Similarly, a patient prescribed 42 tablets of a controlled substance for pain every month had an acute condition that required a few extra doses. A prescription for 52 tablets instead of 42 would trigger the need for another prior authorization, the patient leaving the pharmacy without the medication, and either faxes or phone calls interrupting patient care in the office to address the issue.

There are numerous instances where a person's insurance changes, the medication they have been taking for years that has been working well is no longer covered and they are asked to switch to the new 'preferred agent' . Sometimes it works out fine but many times it does not and the patient has a month of a poorly controlled condition to prove that they 'failed' a trial on this new therapy. I would hope that the 90 day requirement for coverage would allow the patient to resume the effective treatment if needed while documentation of why it is needed could be completed in a non urgent manner. I fear that this issue will be made more challenging as many patients in Maine are losing their Primary Care providers, having to find new ones , and the burden of sorting out why a patient may need a specific drug over another one will be that much harder when trying to sort through prior records. Having 90 days to do so as opposed to on a first visit will be much more tenable.

Physicians are aware of the ever increasing cost of health care and in particular pharmaceuticals . We want to prescribe responsibly and considering alternatives with lower cost is part of that consideration. Insurers have data on how often they ultimately approve these treatments , it is the majority of the time. Eliminating some of these wasteful

bureaucratic steps will improve patient care and potentially save in the long run by eliminating unnecessary personal for both the physician offices and the insurance companies spending time on this wasteful administrative process.

I would be happy to speak to the Committee further about this issue.