

Senator Bailey, Representative Mathieson, and honorable committee members, my name is Garrett Fontaine. I am a family medicine physician in central Maine and a resident of Winslow. I am writing in strong 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](#).

As a primary care provider, I interact with the prior authorization process daily. In a busy clinic day, I frequently receive multiple requests for prior authorizations, and LD 1496 would make it easier for me to provide timely care to my patients.

I have received approval on a medication for a patient, only for it to be denied the following year, just as they had achieved stability. Switching to a new medicine can be risky and harmful to the patient. In the last year, I have had insulin, psychiatric medication, and blood pressure medications all go through a prior authorization process that confused the patient, caused delays in care, or resulted in a worsening of their condition as we transitioned to a new medicine.

For example, for one patient with asthma, it took us two weeks to get the denial letter, submit an appeal, request a peer-to-peer, wait on hold in between patients multiple times for the peer-to-peer, and receive another denial suggesting we select from a list of options that are all below the standard of care. It is not hard to imagine how impactful it would be if you multiply this process by the thousands of patients I take care of.

What requires prior authorization is a moving target. We often do not know until we receive a call from the pharmacy or a fax from the insurance. To find this information, either staff or patients must call their insurance company or check the formulary. Many formularies are not readily accessible, frequently change, and require some medical training to navigate. If formularies did not change so frequently, this would amount to an administrative burden alone. However, doing more frequent prior authorizations combined with an ever-changing formulary means frequent medication changes for a patient.

Thank you for your time, and I am happy to answer any questions you might have.

Respectfully,

Garrett Fontaine MD