Minda Gold MD
Damariscotta
LD 1496

Tuesday April 22, 2025

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services.

My name is Minda Gold, MD, FAAFP, and I am a family physician from Damariscotta.

I am testifying 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 patient safety and quality medical care is at risk with the current system.

I am the owner of a Direct Primary Care (DPC) practice. This type of practice allows me to have extended visits and communication with my patients with a membership model. This is NOT concierge medicine, although it is often confused with the concierge model. DPC doctors do not charge additional fees or bill insurance companies for the care we provide. Concierge models bill both a membership and insurance providers.
The Direct Primary Care model is completely transparent in regard to charges. This enables patients to know exactly what their monthly charges will be while also providing same day availability, lower cost labs and medications as well as comprehensive, evidence based, quality medical care.

Here are some general issues and two specific examples of how Prior Authorizations (PA) for prescriptions have affected the health of two of my chronically ill patients.

Keep in mind that most insurance companies will not refill a script until 24-48 hours prior to running out of the medication. The onerous requirement of completing a PA can result in patients not having their medications for several days. When this happens close to a weekend, the patient can get stuck without their life saving medications for even longer. Many times, after sending in a prescription, a fax will come from the pharmacy suggesting alternative "approved" or "preferred formulary" medications without the need for a PA. Despite changing prescriptions to one of these "approved" medications, another PA arrives to be completed. Needless to say, this process takes clinical time away from direct patient care. Employed doctors are repeatedly being squeezed to see more patients and asked to somehow create more time to their day. Clinical staff often get bogged down trying to complete these PAs. As a self employed doctor, I am responsible for taking time away from clinical care to try to complete these prior authorizations.

Examples:

1) 44 year old with chronic asthma. She has successfully treated her asthma for the past 8 years with an inhaler that contains both a steroid and a long acting "albuterol-type" medication. This means that she can breathe, participate in daily activities, go to work and care for her 2 children. Something we all take for granted. Over the past 2 years, she has gone several days up to greater than a week without an inhaler due to restrictions and red tape related to PAs. These include: simply denying continuity of care with a refill of an inhaler that has provided excellent control of her asthma by saying it is no longer covered by the insurance as the formulary has changed. Despite calls to her insurance pharmacy benefit (which takes 30-45 minutes on average per call) and completing a PA form on line, she was unable to get the inhaler. Ultimately, the insurance company covered it. No explanation why it was denied and no guidance for "next time". In 2024, the patient required an ER visit and oral steroid treatment after she was unable to get her (same) inhaler covered by

insurance for over a week. She was sick for 2 weeks and missed 8 days of work. Again, this was despite attempts at PA.
Insurance companies change formularies and despite it appearing that a certain medication will be covered, patients get to the pharmacy and are told “we don’t have that for you as it requires a PA”. As a doctor, these will come across my desk without any explanation as to why it isn’t being covered. At times, I must enter a KEY (several digit figure) to try to determine which form needs to be filled out prior to even starting the PA.

2) 72 year old with insulin dependent diabetes. 3 times over the past 2 years, I have sent in refills for insulin. The SAME insulin he has been using for the past 3 years. The insulin that is helping to control his diabetes. On at least 3 occasions, the patient has called saying the insulin wasn’t covered and the pharmacist told them it required an PA. He had 2 days left of insulin on one occasion. Note that this is the same insulin that I completed a PA for last year and the patient has the same insurance. After completing the PA, I received notice that the insurance company is no longer covering this insulin and that I should prescribe something else. There was no guidance as to what that “something else brand” should be.
The patient was scared and confused not knowing what to do without their insulin. They called their insurance pharmacy benefit line who told them to “have their doctor call an 800- number to the specific insurance company pharmacy”. How do these calls go? Routinely, a doctor will be on the call for over 30 minutes between prompts and hold before they get to the pharmacy. Mind you, this is the “physician and provider only line” that the insurance company offers.
The advice varies. Sometimes you are told that “oh, that was an error and we’ll approve that”. this is after spending over an hour working on this one medication. Other times, you are cut off without a direct number to call back. Most of the time, you are directed to complete a different PA form.

Can you see where this is going? Patient care is jeopardized. Their lives are jeopardized. The requirement for PAs are a major obstacle for life saving treatments. They take significant time away from physicians, providers and clinical staff from their direct care for patients.

I strongly encourage you to support LD 1496.

Thank you and please let me know if you have any questions.

Minda Gold MD, FAAFP
Full Circle Direct Primary Care- Family Medicine
Damariscotta, ME