

## **Testimony of Lani Graham, MD, MPH**

### **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**

### **Presented by Representative Zager**

### **Before the Health Coverage, Insurance and Financial Services, April 24, 2025**

Senator Bailey, Representative Mathieson and Members of Health Coverage, Insurance and Financial Services, my name is Lani Graham. I am from Freeport and am in support of LD 1496 as a public health expert and as a physician.

As indicated by the title of this bill, the prior authorization (PA) process is required across the field of health care often for the most vulnerable of patients. These affected patients tend to be older and may have life threatening illnesses, such as cancer, Psychotic disorders or other chronic conditions and are the least able to sustain the delays in treatment that may accompany this complex process.

When the delay occasioned by the PA process is described, it is usually put in terms of days it might take an insurance company to respond. This is carefully tracked statistically and may give observers a false sense that delays are rare and easy to sustain. But the time it takes to explain the delay to the patient, fill out the forms, send them to the right place, perhaps provide additional support after filing the first application, or even get on the phone for the defense of your medical decision, is not well tracked. This process, depending on its complexity, can take anywhere from an hour to a month.<sup>1</sup> And unfortunately studies seem to indicate that prior authorization requirements are increasing not decreasing.<sup>2</sup>

Insurers argue that PA is needed to keep health care costs down and assure that clinicians are using the best treatment protocols, which in turn will increase access to health care. This is a faulty argument that has not been confirmed. The companies have a clear conflict of interest, triggered by an understandable concern for the reduction in profits occasioned by new and expensive treatments.

Meanwhile access to health care is far from improving. Maine people may have insurance, but getting the care is another matter.

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<sup>1</sup> <https://www.myndshft.com/the-ultimate-guide-to-prior-authorization/#:~:text=Depending%20on%20the%20complexity%20of,to%20a%20month%20to%20process.>

<sup>2</sup> <https://www.myndshft.com/the-ultimate-guide-to-prior-authorization/#:~:text=Depending%20on%20the%20complexity%20of,to%20a%20month%20to%20process.>

If you have not read the Maine Medical Association's (MMA) statement about the health care reform, you might read it. It's very relevant to this bill. We always say we have the best health care system in the world and all we need is more access. That assessment is not true. We have the most expensive health care system in the world, consuming almost 18% of our gross national product. We are near the bottom of developed nations in important indicators of health, such as life expectancy, infant mortality, and preventable hospitalizations. The cost of lifesaving medication is often unaffordable for many patients. Demoralized and disillusioned, physicians are leaving the profession in record numbers. There are references for all these facts in MMA the statement, which you can access on the MMA website.<sup>3</sup> In an ideal world everyone would have full access to health care and PA would be unnecessary. The MMA statement makes the case for doing that.

But sadly, that's not happening now or anytime soon. LD 1496 makes a very reasonable change to help both clinicians and their patients improve access by eliminating PA for stable patients for reasonable periods of time as well as those being transferred from other health plans.

I hope you will unanimously support this very simple change. Thank you.

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<sup>3</sup> [https://mainephysicians.org/wp-content/uploads/2024/09/statement\\_hcr\\_mma\\_board\\_adopted\\_6\\_7\\_23\\_FINAL-2.pdf](https://mainephysicians.org/wp-content/uploads/2024/09/statement_hcr_mma_board_adopted_6_7_23_FINAL-2.pdf)