



# HOUSE OF REPRESENTATIVES

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*Testimony of Rep. Jane Pringle introducing*  
**LD 796, An Act Concerning Prior Authorizations for Health Care  
Provider Services**

*Before the Joint Standing Committee on Health Coverage Insurance and Financial Services*

Senator Bailey, Representative Perry and honorable colleagues of the Health Coverage, Insurance and Financial Services Committee, my name is Representative Jane Pringle. I live in and represent District 107, part of Windham. I am here to present LD 796, An Act Concerning Prior Authorizations for Health Care Provider Services for your consideration.

This bill is an effort to reduce administrative burdens on physicians, particularly Primary Care Providers, and improve patient care. I also believe it will reduce administrative costs which are a major contributor to rising health care costs.

As most of you know, I practiced and taught Primary Care Internal Medicine in Maine for more than 40 years. In addition, I worked for 6 ½ years as a medical director for the world's largest disability insurer. I learned that over 90% of claims were legitimate and the majority followed the expected claim duration.

During all of my practice years, the only prior authorizations I ever had to complete were for MaineCare patients wanting to travel to Boston for a second opinion at one of the major Cancer Centers there. I always authorized them and MaineCare always approved them. When my son decided 10 years ago to practice primary care medicine here in Maine in Sanford, I was very pleased and proud. About 4+ years into his practice he found the administrative burdens of prior authorizations and approvals to be so great that he was unable to sleep and battling depression. He made the decision to leave primary care and become a hospitalist. Many other physicians are experiencing the same burnout and leaving the profession.

The most serious result of this problem is the impact on patients. I am going to share two patient stories I received from Dr. Jessica Faraci, which demonstrate both the effect on patients and on doctors and their staff.

*“My name Dr. Jessica Faraci, I am a primary care doctor in Brunswick. Prior authorizations obstruct the medical care my patients need, and directly cause patient harm and waste countless*

*hours of time we do not have. Everyone in my office jumped with joy when we heard someone is trying to work to make this system better.*

*Here are two patient cases from the last couple months to show you the extent of the harm the current prior authorization system causes.*

**Case #1:**

*My patient is a young woman who unfortunately needed an emergency C-section, which luckily resulted in the delivery of a beautiful healthy baby boy. A week after delivery she contracted COVID, and subsequently had an acute bilateral pulmonary embolism. She was hospitalized due to the severity of the blood clot, a heartbreaking experience for a brand new mother to be separated from her newborn. Luckily things went well and she was discharged home, healthy and reunited with her baby. The hospital and a hematology consult determined that Lovenox, a blood thinner that was FDA approved over 22 years ago, was the first line treatment for her as she is actively breastfeeding. This lifesaving medication was prescribed for her to keep the blood clot from spreading through her lungs and killing her. Her insurance gave her difficulty covering her 7 day script to bridge to my office visit. At my office visit I clearly documented her diagnosis and reasons for choosing Lovenox, the severity of her disease and necessity of this life saving medication, and sent in the script for the 6 months of lovenox needed. Of course a prior authorization was requested.*

*This prior authorization was denied due to "quantity limit." They would only cover 24 syringes out of a 65-day supply, which equates to approximately 15 days of treatment (hematology recommended 180 days of treatment). Over the course of 10 days our office submitted two emergency prior authorization requests, spent hours on the phone with the pharmacy and with her insurance company trying to find a way to appeal their decision. Ultimately after much contradictory information we were given a new form to override the "quantity limit," a 5 page form that only the physician was allowed to fill out. This was finally accepted 10 days after my original prescription, and my patient can finally receive her old, inexpensive, first line, lifesaving medication. Of note, at one point she was quoted a \$300 out of pocket price from the pharmacist, and at another pharmacy the cost was over \$1000. We do not understand why prior authorizations, a concept originally designed to control costs and help doctors choose cheaper safer alternatives, is now being used to avoid paying for even inexpensive lifesaving medication.*

**Case #2**

*A patient of mine had unexplained neck and back pains that persisted and worsened over several months. An MRI was ordered, as she had failed to improve with physical therapy and had a history of cancer >15 years ago. After over 2 weeks of waiting the MRI was ultimately denied with the option of a peer to peer appeal. Due to staffing issues and an incredibly busy office this then delayed the MRI another month, as it is very difficult to find the time for a peer to peer, especially for an MRI that should have been approved in the first place. Two months after the original MRI order and continued refusals from her insurance company, she finally presented to the ED and was found to have metastatic cancer to multiple bones, which was the cause of her*

*pain. This is an insurance company delaying the diagnosis of cancer by over 2 months, which could make the difference between life and death for this patient.*

*I truly believe we need to dismantle the whole prior authorization structure. Simply enforcing new guidelines to follow, like easier documentation or transparent reasons, will not actually stop the for-profit systems trying to deny claims to make a profit. Mass automatic denials will continue to happen as long as we permit a system that allows an insurance company to unilaterally deny the decision made by a physician and a patient. The proof of denial should be on the insurance company, not on the provider or the patient. This is an act that doesn't just reduce the administrative burden for physicians, it will help retain physicians and staff at a time where they are quitting the profession in record numbers, but most importantly it will save the lives of people in Maine."*

I hope these stories provide an insight into the issue this bill is attempting to address. Other states have been responding to this nationwide problem. Dan Morin from the Maine Medical Association will follow me to present the draft proposal for this bill. I believe that we can make it even simpler. I believe we need to do this if you and I want to have a primary care provider now and in the future. 43 developed countries around the world have proven that investing in Primary care saves lives and saves money!

Thank you for your time and I will be happy to answer any questions you have for me at this time.