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Testimony of Rep. Sam Zager presenting

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

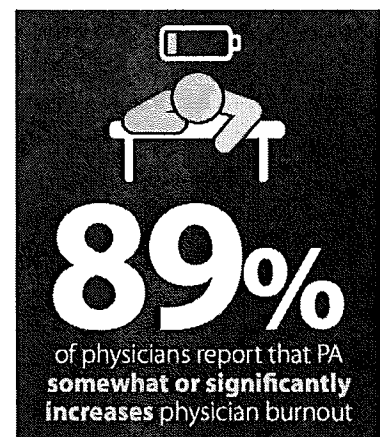
Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Senator Bailey, Representative Mathieson, and esteemed members of the Health Coverage, Insurance and Financial Services Committee, thank you for hearing **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'm Sam Zager, representing House District 116 (part of Portland). I'm proud to present this bill. It represents a bipartisan, bicameral consensus that the health system in Maine can be calibrated better regarding prior authorizations.

The problem. At medical practices, administrative tasks suck time and resources away from patient care. This bill is meant to facilitate healthcare for Mainers by reducing the administrative burden of excessive use of prior authorizations (PAs).

PA is intended to be a cost containment tool heavily used by health insurers. Physicians and other providers must obtain permission from an insurance company before treating their patients. PAs do some good, but the process too often is opaque and overly complex. Perhaps this is why 89% of surveyed physicians say PAs “somewhat or significantly” increase burnout.^{1,2} Seeing their preceptors and mentors and clinic staff spending unreasonable amounts of time on PAs makes a lot of trainees avoid primary care. All the while, Mainers struggle more to get care.

I don't contend that prior authorizations are solely responsible for system shortcomings. And, again, they probably do some good. But this committee can improve things meaningfully in Maine with this bill.



¹ <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

² West D, Dyrbye, Shanafelt T. Physician Burnout: Contributors, Consequences, Solutions. *Jrnl of Internal Medicine*. 5 Mar 2018. 283(6): 516-529. <https://onlinelibrary.wiley.com/doi/10.1111/joim.12752>

The mechanism. This bill seeks to address some of the problems with PA by:

- Requiring that prior authorizations for chronic (longer-term) conditions remain valid for the full duration of treatment or at least one year, whichever is longer. If treatment continues, the bill would not permit PA more frequently than once every five years.
- Preventing health plans from restricting coverage of previously approved services or prescriptions for 90 days after a patient switches to that plan.
- Mandating that health plans give at least 90 days' notice before such coverage changes can take effect.

It is important to note that LD 1496 does not eliminate prior authorization. However, it does ensure that once a treatment has been approved for stable patients, the interval between PAs would increase.

Refinements to consider. This hearing occurs in the context of ongoing discussions among stakeholders.

For example, what if a PA was granted for an expensive drug and, a year later, an equally effective generic and much cheaper medicine is added to the formulary? This is not very common, but it's also not merely hypothetical (e.g. "Humira"). Section 2, paragraph A of the bill could be amended to accommodate such a circumstance.

Another amendment the committee might want to consider would add PAs for previously approved tests for chronic conditions to the bill (not screening tests without an established diagnosis). How would this amendment help Mainers' health? Real world examples:

- A patient has a chest X-ray to look for pneumonia, and a lesion is noted. A CT scan is recommended, in order to ensure it's not early cancer. The CT reveals it's a nodule not a tumor (good!), but that it should be followed with CT scans to ensure it doesn't devolve into cancer. The intervals might be 6, 12, 18, or 24 months, depending on smoking history and the findings in subsequent scans. Currently, each CT requires a PA; but this bill would enable the provider to simply order the test up to five years later.
- A child has survived cancer after treatment with chemotherapeutics. Unfortunately, those medicines can affect the heart. Periodic echocardiograms are recommended. Currently each echocardiogram requires a PA; this bill would make it smoother to get the child the needed echocardiograms.

I expect to hear further constructive criticism today. I welcome it, and hope that our discourse yields a strong bill to make the prior authorization process smoother, help sustain the system and make it more patient-friendly.

Thank you for considering LD 558. Please support this bill.