



**Testimony of Dr. Jessica Faraci, MaineHealth
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”
April 24, 2025**

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Dr. Jess Faraci, Family Medicine Physician at MaineHealth Mid Coast Hospital, and I am here to testify 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.”

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our almost 24,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing high-quality and efficient care, which is demonstrated by the numerous national quality recognitions our hospitals have received and the fact that Maine was recently named as “Top State of the Decade for Patient Safety” by Leapfrog.

Prior authorizations (PAs) place a significant and expensive burden on practices, but, more importantly, prior authorizations can result in a delay of care for our patients. I’d like to share a few examples with you today, which would have been avoided if this legislation were in place.

My patient had testicular cancer over a decade ago and needed both testicles removed. His body can't make testosterone, so he has been on testosterone replacement therapy for over 15 years. When I refilled this chronic generic cheap testosterone under the same insurance plan he has been on for years, why did it require prior authorization, a denial, hours of my staff time, and an hour of my time on the phone to get it approved?

My other patient has narcolepsy since childhood. For the last two decades, she takes a generic stimulant medication that lets her stay awake so she can work and take care of her growing family. Yet again her insurance required a PA, which was then inappropriately denied. I spent 1 hour and 30 minutes on the phone with insurance, on my day off, just to talk with a person who could schedule the peer-to-peer, which of course had no openings during my busy clinical schedule. It was only when I broke down in tears that the human on the other end finally heard my patients plight and did something to override the system, and 5 minutes later the PA was approved.

I have lost count of the PA stories over the last few years, and these are just two from the last month. Every week I see a PA that delays patient care, stopping them from getting the medication or care that they need to stay healthy. I’ve seen cancer diagnoses delayed, leading to

metastatic disease. I've seen lifesaving blood thinners be denied for dangerous blood clots in a new mother. I've seen cheap, generic medications that cost only \$5 a month waste hours of my time. And longstanding medications suddenly be pulled away from patients who depend on them due to "formulary changes." I cannot watch any longer. Something needs to be done. This bill attempts to put some common-sense rules in place to protect my patients and prevent some of the PA's I see on a regular basis in my clinic. Chronic medications should not need to go through a whole new PA every year, not for yearly renewals and not for dose changes.

The insurance companies will have you believe that PAs are all electronic, they only take a few minutes, and they eventually get approved anyway so what's the harm. That is not true. Those minutes quickly add up into hours every week as the volume and burden of PAs has increased dramatically in recent years.

As my colleague shared with you a few weeks ago, MaineHealth received nearly 3 million denials in Fiscal Year (FY) 2024 – approximately 250,000 per month – which is a 25% increase since FY21. To make things worse, more than 91% of denied and appealed PAs were overturned. Meaning that the hours spent submitting and appealing the PA were a waste of time, for a medication or service that should have been approved anyway. PAs do not reduce costs as they were originally designed to do. They waste time and increase administrative costs. Some of my colleagues quit their jobs as primary care doctors, and PAs were a part of their decision to leave. How many of you have had trouble finding a primary care doctor, or know someone who has? PAs are partly to blame for this. Every minute spent on a PA is a minute we cannot spend on direct patient care.

It is the danger to my patients that made me leave my busy practice to come here and speak with you today. I urge you to vote yes for this bill, for my patients, for your constituents, and for your own health.

Thank you for your time and I would be happy to answer any questions that you may have.

Patient Estimates

Preliminary Patient Estimate

for ██████████ seen on 4/1/2025

Prescriptions

using 45754 EB CCM-N IIRXMDYSTR1 ...

@ cyclobenzaprine (Flexeril) 5 MG Tab

Walgreens Drugstore #17... 30 Tablet, 30 days

Prior Authorization required

Patient portion (per fill): \$2

Accept

Close

Route Encounter

New Conversation

How are you feeling?: patient daughter reports she is having some pain but they're trying to manage with OTC measures. Taking it slow

Med changes: lidocaine patches

F/u appointment: pt declines. Will call with questions/concerns

Patient was wondering about something RX short term for pain

Dx Association

Edit Multiple

Estimate

Options

Standard

After Visit

✓ cyclobenzaprine (Flexeril) 5 MG Tab

Take 1 Tablet (5 mg total) by mouth nightly as needed, Disp-30 Tablet, R-O, Normal

Prior authorization needed. The request for authorization will be sent electronically when the order is placed. Please CVS Caremark

Your drug cost with us

\$5.62

You save \$18.68 on your medication

Retail price at other pharmacies

\$24.30

Your final cost will include shipping and taxes, which vary by location

Manufacturing

\$0.54

15% Markup

\$0.08

Pharmacy Label

\$5.00

Additional cost at checkout

Shipping and handling

\$5.00

Learn more about our drug costs