

## **Testimony 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***

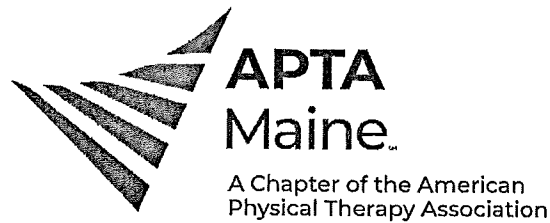
Senator Bailey, Representative Mathieson, and Honorable Members of the HCIFS Committee:

My name is Marissa Lyon. I am the President of the Maine Chapter of the American Physical Therapy Association ("MEAPTA"), a professor in the UNE Physical Therapy program, a Neurologic Clinical Specialist Physical Therapist, and a resident of Gorham. MEAPTA represents over 2500 physical therapists (PTs) and physical therapist assistants (PTAs) practicing in Maine.

We ask you to vote "Ought to Pass" on 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*.

Physical therapists frequently treat chronic health conditions that require months or years of skilled care from experts. This includes neurologic health conditions like stroke, brain injury, and Parkinson's disease, care for people undergoing treatments for brain, breast, and other cancers, and people with chronic heart and lung diseases. I am an expert in the rehabilitation of people returning to taking care of themselves, walking, working, and caring for their loved ones after experiencing a stroke, spinal cord injury, brain injury, brain cancer, or condition like Parkinson's disease. I have seen first-hand hundreds of patients' long-term independence, ability to work, and health hampered by the burden and limitations of excessive prior authorization. I am also a researcher, studying the most effective treatments for helping older adults improve their balance and reduce the risk of falling. Each year, 74,000 older adults fall in Maine, resulting in 15,000 serious injuries like brain injury or broken bone, costing the state of Maine \$2 Billion. I would never design a study with less than 20 supervised physical therapy visits, because every high-level study over the last 3 decades has found that to be the absolute minimum to impact a person's likelihood of falling. However, very often, insurance providers only authorize 4-5 visits at a time. If we are lucky, we are authorized 12 visits in the first round and then 6 during the second request, with a reducing number of visits after that.

As an example, if prior authorization is required every 4 visits for a person with a stroke, who is expected to make steady but slow progress for at least 6 months, that patient would spend 25% of



their time in physical therapy participating in re-assessments, not evidence-backed supported treatment like training walking and balance. Often, if the progress is not substantial enough, the patient is denied visits, or the provider is required to participate in a peer-to-peer, a phone call between the provider and a representative of the insurance company.

When I reached out to my colleagues about this law, I was inundated with texts, emails, and calls about the level of burden that prior authorization puts on the healthcare providers and administrative professionals in this state. I received one email quoted here:

“peer to peers ...usually consists of calling the insurance company, then sitting on hold for anywhere from 10min-1hour+. The provider's schedules are already very high in demand with lists of people waiting to get in, therefore it makes it very difficult to plan for these peer-to-peer phone calls. One time a patient with an [Insurance name redacted] needed a peer-to-peer to be done to get visits approved. We were asked to provide 3 dates/times that worked for the physical therapist to do the peer to peer. We provided 3 times and blocked 3-30min slots in the therapist's schedule. We waited for a phone call from the clinical reviewer but never received one in any of those 3 time slots. We had to repeat this process 3 times, meaning we blocked off 9 time slots total in the therapist's schedule, and still never received a phone call from the clinical reviewer. The peer to peer was never completed and this patient was left with 5 visits that were not covered by insurance. Additionally, those 9 time slots that were blocked off in the therapist's schedule could have been used to treat other patients in need of PT services.” This may sound like an extreme story, but I can testify that this is within the range of typical experiences.

This law aims to curb the abuses of the prior authorization system, not remove it. Maine has been a leader for years in providing patients access to treatment backed by the knowledge and decision-making of their providers and the current best evidence. Authorization before and after care does play a role in this process, ensuring that the most cost-effective and optimal treatments are delivered. However, something must be done to curb the excesses, reduce administrative burden, improve access to continuous care for people with chronic health conditions, and protect patients during health plan transitions.

Thank you for your consideration. If you need any additional information, please feel free to contact me.

Respectfully,

Marissa Lyon, PT, DPT, PhD

Board-Certified Neurological Specialist

President, MEAPTA