

LD 523 & 617 An Act Regarding Prior Authorizations for Prescription Drugs Testimony in Support March 9, 2021

Senator Sanborn, Representative Tepler and members of the Health Coverage, Insurance and Financial Services Committee, my name is Lisa Harvey-McPherson RN, I am here today providing testimony on behalf of Northern Light Health and our member organizations to speak in support of this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy and a statewide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with over 12,000 employees statewide.

Today it truly unfortunate that the majority of coverage gaps or prior authorization requirements are discovered at the pharmacy counter rather than at the point of prescribing. This leads to significant challenges in coordinating patient care, where providers must be contacted by the pharmacy to resolve the issue rather than having the right information available to be successful the first time. Processing appeals for insurance plan denials also presents a tremendous administrative burden on provider practices and can lead to detrimental treatment delays for patients. Making the right information available at the point of prescribing would help to reduce denial frequency and improve efficiency both on the part of the prescriber and the health plan.

It is our understanding that some but not all carriers have electronic prior authorization platforms. This legislation requires all carriers to adopt real time electronic transmission of prior authorization information, prescription cost information, enrollee cost information and choices available to the enrollee. All available at the time when the provider is prescribing a medication. It is critically important that the carriers work with health care providers to ensure that the information is imbedded into the electronic health record workflow. It is highly disruptive when providers have to leave the electronic health record format to log into a separate location for information. Real time access in the electronic health record will fundamentally shift the current dynamic of prior authorization serving as a barrier to treatment to a system that assists in guiding appropriate care.

To achieve this goal, it is important that the bill be amended to remove the limitation that the carriers develop electronic benefit tools are capable of integrating with <u>at least one</u> electronic prescribing system or electronic medical record system. We recommend that "at least one" be removed from the bill and encourage carriers to integrate with all of the provider platforms.

Thank you.

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