

PROTECT PATIENTS AND PHYSICIANS BY REFORMING UTILIZATION REVIEW POLICIES

Problem:

- Utilization review policies (e.g., prior authorization and step therapy) create inefficiencies in the health care delivery system. These policies inject a third-party into the patient-physician relationship, creating significant barriers for patients by delaying the start or continuation of necessary treatment and placing significant costs and stress on physicians who must fight to ensure proper care for their patients.

Background:

- According to the recently released report of the Health Education and Advocacy Unit of the Attorney General's Office, between July 1, 2022, and June 30, 2023, the number of adverse decisions (denials of care) increased among all carriers. Carriers reported 135,922 adverse decisions, 47,383 more adverse decisions than reported in the previous year.
- Increases in denials of care ranged from 24% (CareFirst BlueChoice) to 181% (UnitedHealthcare Insurance)
- Surveys on prior authorization policies by the American Medical Association found that:
 - 93% of the time physicians report that prior authorization can result in care delays;
 - 82% of the time physicians report that prior authorization can lead to treatment abandonment;
 - 73% of the time physicians question whether the criteria used in prior authorization decisions is evidence-based medicine and/or guidelines from national medical specialty societies; and
 - 88% of physicians describe the burden associated with prior authorization as high or extremely high, with 40% reporting that they have staff that work exclusively on prior authorization requests.

Solution:

- Support MedChi legislation to return care back to the physicians and other health care practitioners.
- Legislative initiatives include: 1) allowing a patient who has been successfully treated on a prescription drug to stay on that drug and not have to stop it to try other drugs preferred by the insurance carrier; 2) requiring carriers to use evidence-based medicine and/or guidelines from national medical specialty societies; 3) requiring carriers to respond to requests for health care services in a timely manner or have the service deemed approved; 4) increasing transparency and communication between practitioners and the carrier when the carriers deny a health care service; and 5) streamlining prior authorization requirements by exempting prior authorization for certain drugs or procedures.

WHAT TO DO:

- Call/e-mail your legislator(s) and members of the Senate Finance Committee and the House Health and Government Operations Committee and ask them to reform utilization review policies and put care back in the hands of physicians and patients.
- To email your district legislator(s), go to [Members - Find My Representatives \(maryland.gov\)](https://members.maryland.gov).
- For contact information on members of the Senate Finance Committee and the House Health and Government Operations Committee, contact Chip O'Neil at coneil@medchi.org.