

## **PROTECT PATIENTS AND PHYSICIANS BY REFORMING UTILIZATION REVIEW POLICIES**

### **PROBLEM:**

Utilization review policies (e.g., prior authorization and step therapy) create significant barriers for patients by delaying the start or continuation of necessary treatment, negatively affecting patient health outcomes.

### **BACKGROUND:**

- According to the recently released 2021 report on the Health Care Appeals and Grievances Law, carriers rendered 81,143 adverse decisions in 2021, an increase of 3.61% from 2018. Of those where a grievance decision or complaint was filed, the Maryland Insurance Administration reversed (or the carrier reversed its own grievance decision during the course of the investigation) **70.5%** of the time, an increase in reversals of 3.5% from 2020. All of the reversals resulted in more benefits for Maryland consumers and demonstrated that patients are being erroneously denied preferred treatment.
- Surveys by the American Medical Association on prior authorization policies found that:
  - 93% of the time physicians report that prior authorization can result in care delays;
  - 82% of the time physicians reported 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% of physicians reporting that they have staff that work exclusively on prior authorization requests.

### **SOLUTION:**

Support MedChi legislation to eliminate the burden and delays caused by erroneous utilization review policies. Fixes include but are not limited to: 1) standardizing electronic systems across all carriers; 2) requiring a study to determine the feasibility of implementing a program (e.g., gold card) that selectively implements prior authorization requirements based on physician performance; 3) requiring carriers to use evidence-based medicine and/or guidelines from national medical specialty societies; 4) increasing transparency and communication between physicians and the utilization review entity; 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 for their support for reforming utilization review policies to put care back in the hands of physicians and patients.
- To email your district legislator(s), go to [Members - Find My Representatives \(maryland.gov\)](#).
- For contact information for members of the Senate Finance Committee and the House Health and Government Operations Committee, contact Chip O'Neil at [coneil@medchi.org](mailto:coneil@medchi.org).