

Opinion States must stop insurers from getting in the way of health care

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In her Jan. 31 Health & Science article, “[My slog through the ‘sludge’](#),” Carolyn Y. Johnson shared the devastating story of the numerous barriers to health care she confronted at the hands of her insurance provider. Unfortunately, her story is not uncommon.

I’ve seen firsthand how Maryland patients have struggled to access lifesaving care, as have patients across the country. Many insurance providers are increasingly adopting new protocols, such as step therapy and prior authorization, that restrict patient access, create unnecessary hurdles for physicians and ultimately improve insurers’ bottom lines at the expense of patients.

The result is that these predatory tactics impede the relationship between physicians and patients. [Nine out of 10 physicians have reported delays in care](#) for patients waiting for insurers to authorize medications, and [82 percent of physicians have reported that this can lead patients to abandon necessary treatments because of authorization struggles with insurers](#). In addition, [physicians spend an average of two business days per week on prior authorization paperwork and processes](#) — time and resources that should be spent helping patients get the care they need.

Fortunately, [Maryland lawmakers are considering House Bill 0305](#), which would increase transparency in these insurance company tactics and reform the system that allows health insurers to continue getting in between patients and lifesaving health care. Patients and physicians across the country need reform. Lawmakers must take action to protect patients and physicians from burdensome insurance barriers.

Gene Ransom III, *Annapolis*

The writer is chief executive of the Maryland State Medical Society.