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**2023 Maryland Academy of Family Physicians**

**Advocacy Day Priority Issues**

**Telehealth**

* + In 2021, the General Assembly enacted legislation to provide physicians and patients with greater flexibility in the use of telehealth in response to the COVID-19 pandemic.
  + Two key components of the 2021 law affecting family practice were requirements that: 1) insurance cover audio-only encounters and 2) in-person and telehealth encounters be reimbursed equally. These laws will sunset in 2023 if the General Assembly does not extend them.
  + The General Assembly requested a study be done of these and other telehealth policies by the MD Health Care Commission (MHCC), and that study was completed in December of 2022.
  + The MHCC recommended that audio only encounters continue to be covered by insurance, and that payment parity continue for a period of 24 months, pending further study.
  + MDAFP supports making permanent reimbursement for audio only encounters and payment parity.
  + **Senate Bill 534/House Bill (TBD) extend these policies and we ask that you SUPPORT them.**

**Utilization Management Reform (Prior Authorization and Step Therapy)**

* + Health insurance carriers engage in a process known as “utilization review,” where the carrier reviews a physician’s request that a patient receive a certain health care service to determine if the service is medically necessary. The two most common types of review are “prior authorization,” which is requesting approval in advance from the carrier and “step therapy,” where the patient must try and fail on other medications (often less expensive) before “stepping up” to another medication.
  + In 2022, the Maryland Insurance Administration (MIA) modified or reversed the carrier’s decision (or the carrier reversed it during the investigation), 72.4% of the time on filed complaints, up from 70.5% in 2021. This means that in more than 7 out of 10 cases, the MIA ruled that the carrier was wrong, and that the patient should have received the health care service.
* **House Bill 305/Senate Bill 308** have been introduced to reform prior authorization, and **Senate Bill 515/House Bill (TBD)** to reform step therapy. Among other reforms, these bills:
  + - Allow a patient to stay on a prescription drug without another prior authorization if the insurer previously approved the drug and the patient continues to successfully be treated by the drug.
    - Exempt from prior authorization prescription drugs under the following circumstances: a) dosage change provided that the change is consistent with federal FDA labeled dosages; b) generic drugs; and c) a drug bundled under two prescriptions due to differing formulations can only have one prior authorization for both formulations.
    - The legislation will require a carrier to establish a process for requesting an exception to a step therapy protocol if, based on the professional judgement of a prescriber, the prescription drug required to be used by a step therapy protocol is not appropriate for the patient.
  + Please SUPPORT this legislation.