

**MEMORANDUM**

**Pennsylvania Osteopathic Medical Association (POMA)**



**TO:** The Honorable John DiSanto, Chair Senate Banking and Insurance Committee  
The Honorable Sharif Street, Chair, Senate Banking and Insurance Committee

**CC:** The Honorable Members of the Banking and Insurance Committee

**FROM:** Joseph Zawisza, DO, President, Pennsylvania Osteopathic Medical Association (POMA)

**DATE:** June 21, 2021

**RE:** Senate Bill 225 – Preauthorization and Step Therapy Reforms

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On behalf of the Pennsylvania Osteopathic Medical Association (POMA), I write in support Senate Bill 225 and the current amended drafted to it, which would provide much needed changes and transparency to the health insurance cost containment processes of preauthorization and step therapy.

Patients have likely benefited from the many options available to them in the health insurance marketplace. However, the tailoring of insurance plan designs has made it very difficult for an Osteopathic physician to understand what therapies and pharmaceuticals are covered by a patient's insurance plan. There was a time when an Osteopathic physician knew what was covered for a patient at the time of the visit. Sounds like a simple concept, but this is now the exception, not the rule. The resulting impact is patient frustration when the therapy or pharmaceutical is locked behind a proverbial utilization management wall that must be hurdled before the patient can be covered for the medically necessary treatment prescribed by an Osteopathic physician.

As a primary care physician in rural, central Pennsylvania I have experienced many troubles with the labyrinth preauthorization and step therapy processes. So much time is wasted playing a perpetual guessing game with insurance companies about what they will cover. And patients know it affects our time with them. Regularly I will prescribe a medicine for a patient only to have the pharmacy tell me it is not covered and I need to prescribe a different therapy. Unfortunately, rarely can they tell me what the permissible therapy is. And although the preferred medication may be appropriate, this all takes place after the patient has left the exam room. Having the opportunity to discuss the particulars of that therapy face to face with the patient and provide the best quality care will help patients and physicians.

A significant amount of time and energy went into developing the initial bill and even more on the amendment language you will consider on Wednesday. These changes take into consideration many of the concerns expressed by the insurance industry. SB 225 does not end either utilization management processes, but again, brings common sense reforms and transparency.

Thank you for your time and consideration of POMA's support of SB 225. Please vote yes and support SB 225 and the amendment drafted to it.