

September 15, 2026

Dear Members of the Health Insurers Working Group:

Please accept this as formal testimony for the October 14, 2026 meeting of the Health Insurers Working Group.

My husband has successfully taken the same medically necessary medication for more than a decade. Before the State of Idaho transitioned its employee health plan from Blue Cross to Regence, I contacted Regence specifically to confirm that our providers and medications would remain covered and was assured that they would.

Since the transition, maintaining access to this medication has required repeated prior authorizations and quantity-limit authorizations, hours of phone calls, physician intervention, complaints, and escalations involving Regence, Prime Therapeutics, Boise State Human Resources, the Idaho Department of Administration, the Idaho Department of Insurance, our pharmacy, and Representative John Gannon.

The immediate problems are eventually resolved, but the underlying problem is not. Despite multiple complaints and grievances over nearly two years, I have never received a substantive grievance response from Regence or Prime Therapeutics explaining what occurred, what corrective action was taken, or how recurrence will be prevented.

The consequences are not theoretical. During the first interruption in late 2024, my husband was unable to work and was nearing hospitalization while we attempted to restore access. Since then, we have begun authorization processes months in advance and closely monitored each step to reduce the risk of another interruption.

My husband currently has access to his medication. What we do not have is reliable access. He could lose his access in about six weeks and we would have few (if any) avenues to resolve it.

Current Status and Requested Resolution

His medication is authorized through **October 30, 2026**. We are already working on the next authorization. His physician recently attempted to submit the requested paperwork and was told it was too early, requiring additional calls and escalation simply to get the forms submitted.

Cost-sharing is not the issue. We are willing to pay our required share. We need a durable solution that allows my husband to maintain access to an unchanged, longstanding treatment.

Two potential solutions are:

- Maintain the same access to his medication that was available under our previous State of Idaho health insurance plan; or
- Provide a pathway for us to purchase the medication through the plan's formulary if coverage cannot otherwise be maintained.

Another temporary authorization that restarts this process a few months later does not resolve the problem.

Issues for the Committee to Consider

I recognize that one family's experience does not establish the scope of a statewide problem. It does, however, raise several questions that may warrant the committee's consideration:

- 1. Continuity of care and prior authorization.** Patients stable on an unchanged, longstanding treatment should have a reasonable pathway to maintain access. Prior authorization requirements should be clear and consistent, and providers should be able to renew authorizations well before existing coverage expires.
- 2. Repeated administrative failures.** When the same patient experiences recurring administrative errors, there should be a mechanism to identify and correct the underlying problem rather than requiring the patient to restart the escalation process during every authorization cycle.
- 3. Grievance and regulatory accountability.** Despite multiple complaints and grievances, I have never received a substantive response from Regence or Prime Therapeutics outside of the Department of Insurance complaint process.

The Department substantively addressed some of our concerns and reported that dedicated support had been established through the Prime Senior Specialist Team. However, some of the Department's findings conflict with what Regence representatives continue to tell us, and we were ultimately referred back to the same insurer/PBM system we sought regulatory assistance to address.

This raises a straightforward oversight question: *When the insurer and PBM grievance processes have failed and regulatory intervention does not produce a durable resolution, who is ultimately accountable for correcting the problem?*

- 4. Administrative burden as access to care.** Coverage on paper is of limited value if maintaining access repeatedly requires hours of calls, physician intervention, complaints, and escalation. When responsibility is divided among an insurer, PBM, benefit administrator, and regulator, consumers also need a clear pathway to an entity with responsibility for resolving recurring problems.

After nearly two years, our concern is no longer simply whether the next prescription will be filled. It is why maintaining an unchanged treatment has required this level of intervention, why grievances have produced no real resolution, and where consumers are supposed to turn when the existing escalation process does not resolve the problem.

I am honored to be a State of Idaho employee and to have spent more than 20 years serving Idahoans. I remain committed to that work. If I ultimately leave state employment, it will not be because of low pay, working conditions, or a lack of commitment to public service. It will be because I cannot risk my husband losing access to his medical care.

I do not say that lightly. I hope the committee will consider what our experience means not only for continuity of care and accountability, but also for the State of Idaho's ability to retain employees who want to continue serving but whose families depend on reliable access to their health benefits. Thank you for your attention and consideration.

I can be reached at [REDACTED]

Below is a timeline summarizing our experience attempting to maintain coverage for my husband's longstanding medication:

- **Spring 2024:** I reached out to Regence prior to our insurance shifting from Blue Cross to ensure our providers and medications were covered. Regence reported everything was covered and reported extra steps needed to be taken.
- **November 2024:** We received a denial letter for my husband's medication. We had no advance notice of this so it could be managed in a timely manner. It's of note we were notified of this the day after Thanksgiving and it was not resolved until a few days before Christmas. During this time, my husband decompensated to the extent he was unable to work and was nearing hospitalization.
- **December 2024:** My husband was approved for this medication for one year, through November 2025. For this to happen, we had to coordinate with Regence, Boise State HR, Department of Administration, the pharmacy, my legislator, and my husband's physician to accomplish this.
- **January 2025:** I met with Justin Seaman (Dept of Administration) and Karen Drew (Boise State Human Resources) to follow-up on my concerns at their request. They were both responsive and viewed the issue as resolved, as it was reportedly just a transition issue from our previous insurer to Regence. They both mused that my husband was lucky to have a persistent and connected Licensed Clinical Social Worker as a wife, as they knew it had been a vexing issue.
- **September–November 2025:** We began the renewal process in September 2025 to allow for plenty of advance time ahead of the November 2025 expiration. Over approximately six weeks, we repeatedly resubmitted paperwork, his physician advocated directly with Regence, and I spent several hours speaking with multiple customer service representatives and escalating complaints before the issue was finally resolved. The medication was approved for an additional six months, through 5/25/2026.
- **April 3, 2026:** At my request, my husband's physician again completed and submitted the required prior authorization and quantity limit paperwork to ensure he'd have no interruption with his medication prior to the 5/25/2026 prior authorization expiration.
- **April 28, 2026:** We received a denial letter. The letter referenced a policy explaining the denial, but the included link did not work. Following the denial, I called Regence to request a copy of the policy and I was told the request would need to be escalated because they could not provide me with the policy directly.
- **Early May 2026:** My husband's physician again contacted Regence directly and resubmitted the paperwork.
- **May 12, 2026:** We then received an approval letter and I re-ordered the prescription. The pharmacy informed me that Regence denied the claim soon after.
- **May 13, 2026:** I spent approximately 90 minutes on the phone with Regence speaking with multiple representatives who provided conflicting information. One representative disconnected me while I was on hold and never called me back. After the fourth or fifth person I spoke with, Regence contacted the pharmacy directly and resolved the issue in under five minutes. I'm still unclear what happened, although I suspect Regence simply didn't update the end date on the prior auth. During that call, I expressed my frustration with the process and

was told a complaint would be filed on my behalf.

Later that month, Regence called regarding the policy I had requested on 4/28/2026 and appeared to have no knowledge of everything that had occurred since then. Interestingly, the representative still could not provide me with the policy and promised to look into it. She then acknowledged she saw 2 other complaints had been filed.

- **May 19, 2026:** I emailed Justin Seaman, Faith Knowlton (Dept of Administration) and Karen Drew (Boise State). Justin responded with an apology and encouraged me to submit the preauthorization early (which had already been occurring) and reported I could file a grievance with Regence.
- **June 30, 2026:** My husband's prescription was again denied, this time because I was told a new quantity limit authorization was required. I spent more than 90 minutes on the phone with three different customer service representatives and experienced multiple lengthy holds. I was repeatedly told my husband's physician needed to submit additional paperwork. After escalating the matter and continuing to question the conflicting information I was receiving, Regence ultimately acknowledged the problem was an internal administrative error. It then took additional coordination with the pharmacy before the prescription could finally be processed.

During that same call, I was given conflicting information about when my husband's current authorization expires in either September or October 2026. As a result, I will need to begin the prior authorization process again within the next month or so simply to try to prevent another interruption in access to a medication he has taken successfully for more than a decade.

After this, my husband submitted a formal complaint to the Idaho Department of Insurance regarding these ongoing concerns. He requested a substantive response to several concerns regarding repeated administrative errors, grievance procedures, and possible corrective action. I initially attempted to file it and I was not allowed to do so. When my disabled husband asked if I could speak on his behalf, Ryan Woodburn (Department of Insurance) stated I was not permitted to do so and did not provide a release or any other support to facilitate this.

- **July 29, 2026:** Ryan Woodburn at the Idaho Department of Insurance responded with a letter stating that “we have implemented dedicated support through the Prime Senior Specialist Team to provide [REDACTED] with consistent assistance and prevent future administrative issues” and provided the same contact # that is already found on the back of our insurance card in response to my husband’s complaint. A lengthy response from Regence was provided, stating the medication would no longer need prior authorization (despite Regence customer service saying it still needs to be submitted).
- **August 6, 2026:** Prime Therapeutics executive membership specialist Stephen Poitras called me in response to an email I sent to several members of Regence and Prime Therapeutics leadership regarding concerns about lack of response and poor customer service on August 5, 2026. He sent the release of information form to me that I initially requested in May 2026. He was unable to provide a reason why the prior auth was initially approved for a year, then subsequently only approved for 6 months. He suggested that we ask his doctor to specifically request a prior auth for a year and sent his physician a prior auth and a quantity limits form. He explored the potential of a 30 or 90-day prescription, but acknowledged barriers to doing so.

He confirmed the prior auth would expire on 10/30/2026. We agreed to utilize the existing approval process and troubleshoot as needed. I confirmed we are eager to find a better, more sustainable solution to maintain my husband's medication and explored potential options. There was no immediate resolution offered to manage this ongoing issue.

- **August 6 and August 24, 2026:** I sent an "Authorization to Disclose Protected Health Information" form to membermaintenance@regence.com and requested they let me know when it was on file so I could work with Prime Therapeutics. They never responded to me, despite me following up and including stateofidaho@regence.com
- **September 4, 2026:** I contacted Regence to confirm that the "Authorization to Disclose Protected Health Information" was on file and to determine whether they had received the updated Prior Authorization and Quantity Limit Authorization forms we had requested from my husband's physician. This resulted in a 51-minute phone call with three different representatives. During the call, there was considerable confusion regarding why I was submitting the paperwork and the expiration date of my husband's existing prior authorization.

Much of the confusion appeared to stem from a member number change that Regence had initiated effective July 1, 2026. Although I was aware of the change and explained it to the representatives, they initially did not recognize that Regence had issued me a new member number or that my husband's records remained associated with the previous number. I ultimately learned that his information had not been properly linked to my new member number, which prevented the representatives from accessing his complete file and contributed to the conflicting information I received. Other than confirming that the "Authorization to Disclose Protected Health Information" was on file, I received no additional information during the call and was told someone would follow up with me.

Approximately 90 minutes later, the final representative I had spoken with, Tatiana, called me back and reported that she had contacted my husband's physician directly to obtain the necessary Prior Authorization and Quantity Limit Authorization paperwork.

- **September 8, 2026:** My husband's doctor attempted to submit the forms Regence had requested and was told that Regence could not accept them because they were too early for his 10/30 preauthorization expiration. I called Regence, who again expressed confusion regarding the status of my husband's preauthorization. I asked Regence/Prime agent Christina to call his doctor's office to obtain the form. She reported she was unable to do so and escalated me to Prime Therapeutics executive membership specialist Stephen Poitras (who I'd spoken to in August). He reported he would call the clinical review team the following day and attempt to obtain the form for review.

After this, my husband reached out to Ryan Woodburn at the Department of Insurance to express the same concerns that were continuing after the formal complaint had been responded to. Ryan responded: *"Thank you for your email below. Your file has been closed. Please continue to work with Regence and your provider regarding future Quantity Limit Authorizations. If you have a concern regarding a new claim, you may file a complaint on our website."*

- **September 9, 2026:** Prime Therapeutics executive membership specialist Stephen Poitras returned my call and stated he was unsure why the forms were not accepted and would have my husband's doctor resend them.