

MEDICAL SOCIETY
of the
STATE OF NEW YORK

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Division of Governmental Affairs

MEMORANDUM IN SUPPORT

**ON SENATE INSURANCE
COMMITTEE AGENDA**

S.8299 (BRESLIN)

**IN ASSEMBLY INSURANCE
COMMITTEE**

A.9908-A (MCDONALD)

AN ACT to amend the insurance law and the public health law, in relation to exempting health care professionals from preauthorization requirements in certain circumstances

This bill would amend the public health and insurance laws to reduce excessive health insurer interference in patient care by exempting physicians and other health care providers from health insurer-imposed prior authorization (PA) requirements for a particular health care treatment if previous PA requests to that health insurer for that treatment have been approved at least 90% of the time.

Many studies have detailed the growing hassles faced by health care providers in their efforts to provide care to their patients, a major contributing factor to the rising concern of burnout among health care professionals. One such hassle relates to PA requirements, which is a health plan cost utilization-management process that requires physicians to get approval before a prescribed treatment, test, or medical service can be provided to a patient. While this management tool can certainly be appropriate in some cases, it is often imposed for health care services that are usually approved, and often requires extraordinary amounts of time to navigate in order to ensure patients can receive the care they need. A survey released in December 2020, by the American Medical Association (AMA) detailed the consequences of excessive PA requirements, reporting that the vast majority (91%) of respondents said PA resulted in notable delays in care. Moreover, 87% reported that prior authorization interferes with continuity of care, while 83% reported that the number of prior authorizations required has increased over the past five years. Adding to these concerns is that many health care services requiring a PA are overwhelmingly approved by a health plan, yet still are required, which imposes excessive amounts of unnecessary administrative burdens on health care professionals that take time away from delivering patient care and exacerbates the concerning trend of "burnout" among various health care professionals.

This legislation is similar to a law enacted in Texas last year, known as a “Gold Card” program, where a health care provider who receives pre-approval for a procedure at least 90% of the time, is exempted for the next 6 months from having to receive pre-approval. It would help to ensure that health insurer prior authorization procedures are reserved for those situations that most in need of oversight, permitting physicians to get back to delivering patient care and enabling patients the ability to receive the care they need in a more timely manner.

Based on the foregoing, the Medical Society of the State of New York supports this legislation and urges that it be enacted.

**4/22/22
MMA – support**

Respectfully submitted,

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS