



MEMORANDUM IN SUPPORT S.3400 (Breslin)

“AN ACT to amend the public health law and the insurance law, in relation to utilization review program standards, and in relation to pre-authorization of health care services.”

The New York State Bleeding Disorders Coalition (NYSBDC) supports S.3400 to create reasonable standards for the use of pre-authorization and promote the thoughtful management of care in New York State.

Pre-authorization is a practice used by health plans and Pharmacy Benefit Managers to manage the utilization of covered treatments and medications. Under pre-authorization, patients and/or providers must submit additional information to a plan or PBM to obtain selected treatments and medications. Each health plan and PBM may have their own pre-authorization rules and the process may require multiple submissions of information for an initial ruling. In the case of medications, pre-authorization may be required for every refill. If a request is denied, the appeals process may be lengthy and complex.

Excessive pre-authorization rules are a huge administrative burden for providers and often delay patient care, increasing the cost of treatment without promoting better health outcomes. The many problems with pre-authorization have been noted by a growing number of experts.

- A 2018 consensus statement by the American Medical Association, American Hospital Association, America’s Health Insurance Plans, American Pharmacists Association, Blue Cross Blue Shield Association, and Medical Group Management Association called for pre-authorization reform to improve care delivery and administrative efficiency.
- A 2018 report by the Kaiser Health Foundation found that when beneficiaries and providers appealed pre-authorization and payment denials, Medicare Advantage Organizations overturned 75% of their own pre- authorization denials during 2014-16.
- A 2021 report by the New York Department of Financial Services Administrative Simplification Workgroup noted several steps plans can take to improve pre-authorization practices, including: removing the need for repeated pre-authorization for the same treatments/services, basing pre-authorization on evidence-based peer-reviewed criteria, and providing peer-to-peer reviews by plan medical experts knowledgeable about the patient and their condition.
- A 2022 survey by the American Medical Association found that pre-authorization led to delays in care 94% of the time, 33% of doctors reported patients had experienced adverse health events due to pre-authorization delays, and on average doctors and their staff spent 14 hours each business week completing pre-authorization requests.
- A 2023 CMS proposed rules change noted several burdens on payers, prescribers, and patients related to pre-authorization, including prescriber burnout and abandonment of treatment by patients, and proposes several reforms, including greater use of electronic processes, greater transparency of pre-authorization requirements and results, and time limits for responding to pre-authorization requests.

Patients with chronic, complex medical conditions, such as cancer, bleeding disorders, sickle cell disease, and multiple sclerosis, often must adhere to strict treatment regimens. These patients need to know they will receive their prescribed treatment in a timely manner and that it will not be altered for non-medical reasons. Excessive pre-authorization requirements are a special hardship for both patients and medical practices who often lack the resources to adequately manage the work imposed by pre-authorization requirements.

S.3400 requires that pre-authorization be based on peer-reviewed clinical evidence, sets time limits on application rulings, and allows a pre-authorization approval to remain in effect for the length of a prescription (up to one year). We recognize the value of thoughtful practices which promote patient health while helping to manage care costs. By creating reasonable standards for pre-authorization, S.3400 will help to improve the quality and reliability of patient care in New York State.

For these reasons, NYSBDC supports S.3400 and asks for your support as well.

Thank you,
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New York State Bleeding Disorders Coalition:

- ❖ Albany Regional Comprehensive Center for Hemophilia & Von Willebrand Disease at Albany Medical College, Albany Medical Center
- ❖ Bleeding Disorders Advocacy Network
- ❖ Bleeding Disorders Association of Northeastern New York (Albany)
- ❖ Bleeding Disorders Association of the Southern Tier (Binghamton)
- ❖ Hemophilia Association of New York (serving the 14 counties of southeastern New York State including New York City, Long Island, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)
- ❖ Hemophilia Federation of America (National)
- ❖ Hemophilia Foundation of Upstate New York (Rochester)
- ❖ Mary M. Gooley Hemophilia Center (Rochester)
- ❖ National Hemophilia Foundation (National)
- ❖ New York City Hemophilia Chapter (New York City)
- ❖ Northwell Health (Formerly North Shore-LIJ Health) Hemostasis & Thrombosis Center (Long Island)
- ❖ Regional Comprehensive Hemophilia Diagnostic and Treatment Centers at Mt. Sinai Medical Center (New York City)
- ❖ SUNY Upstate Medical University-Hematology Oncology Program (Syracuse)
- ❖ The Hemophilia Treatment Center @ Montefiore Medical Center (Bronx)
- ❖ New York Comprehensive Center for Hemophilia and Coagulation Disorders – New York Presbyterian / Weill Cornell Medical College (New York City)
- ❖ Western New York BloodCare (Buffalo)