



## Health Plan Partnership of Minnesota

SF 3532

March 12, 2024

Madame Chair, Senator Morrison, Committee Members

Health plans learned many lessons during COVID, including some key lessons about prior authorization. Many plans are already proactively reforming prior authorization protocols, and CMS is taking significant steps to standardize interoperability of electronic health information including prior authorization. As interoperability via electronic prescribing increases, how much administrative burden is due to non-electronic prescribing? In this dynamic environment, policy makers should consider alignment with emerging Federal standards and electronic prescribing to avoid the added expense and complexity that a patchwork approach would cause.

Testimony presented during the Senate Commerce Committee hearing conveyed important stories of the impact ineffective, burdensome prior authorization policies have on patients. One of the testifiers stated that patient coverage was provided by Medicaid. The testimony raises an important question: To what extent will SF 3532 apply to Minnesota's many payor types: Medical Assistance PMAP, Medical Assistance FFS (including the Preferred Drug List), MinnesotaCare, the fully insured market, and ERISA (including SEGIP)?

We are concerned that the report compiled by the Department of Commerce may disclose proprietary information and ask that the data collected be in aggregate, or at least de-identified. It may be helpful to policy makers and the public for data to be divided by payor type (MA, ERISA, etc.) and communication methods (i.e., electronic prescribing vs paper prescribing.)

Thank you for your generosity in hearing some of our concerns. We believe that advances in technology will address much of the administrative burden of prior authorization while maintaining patient safety and providing value. We appreciate Senator Morrison, the Committee, and you, Madame. Chair, considering the impact Federal rules will have on Minnesota's prior authorization policy, the necessity of including public programs and SEGIP, as well as aggregation of any reported data.

Sincerely,

Michelle Benson

**Formed in January 2023, our members currently include Allina Health | Aetna, Cigna, and UnitedHealthcare. We welcome additional health plans and other related entities to join as we advocate for accessible, inclusive, high quality, and affordable health care across Minnesota.**