



March 11, 2024

Senator Melissa Wiklund, Chair Senate Committee on Health and Human Services 75 Rev. Dr. Martin Luther King Jr. Blvd. Saint Paul, Minnesota 55155

Dear Senator Wiklund and Members of the Senate Committee on Health and Human Services,

The Minnesota Society Clinical Oncology Society (MSCO) and the Association for Clinical Oncology (ASCO) strongly support SF 3532, a bill that would improve prior authorization processes in the state, and we urge the Committee to vote in favor of the measure.

MSCO is a professional organization whose mission is to facilitate improvements for Minnesota physician specialties in both hematology and oncology. MSCO members are a community of hematologists, oncologists, and other physicians who specialize in cancer care. ASCO is a national organization representing physicians who care for people with cancer. With nearly 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality, equitable cancer care.

Prior authorization, which requires patients or their clinicians to secure pre-approval as a condition of payment or insurance coverage of services, is consistently identified as the largest barrier to care for insured patients. In a recent ASCO survey, 80% of respondents said that a patient has experienced significant impacts on their health, such as disease progression, because of prior authorization processes. The most common harms to patients include delays in treatment (95%) and diagnostic imaging (94%), patients being forced onto second-choice therapy (93%) or denied therapy (87%) and increased out-of-pocket costs (88%). These survey results confirm that the administrative burdens associated with prior authorization contribute to major delays and denials of necessary, appropriate, and in many cases, lifesaving care.

MSCO and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Payer utilization management approaches like prior authorization are of particular concern because they represent greater likelihood of raising barriers to appropriate care for individuals with cancer.

MSCO and ASCO are pleased that SF 3532:

• Alleviates administrative burden on physicians by requiring utilization review organizations to establish and maintain an electronic prior authorization platform that automates certain elements of the process for in-network clinicians;

- Accommodates the needs of specialized patient populations by prohibiting prior authorization for antineoplastic cancer treatment consistent with National Comprehensive Cancer Network guidelines; and
- Improves transparency by implementing prior authorization statistic reporting requirements.

SF 3532 would also require the Commissioner of Commerce to adopt rules establishing requirements for a prior authorization exemption process that would grant an exemption to doctors with a strong track record of prior authorization approvals. This will allow clinicians to skip the burdensome prior authorization process, ultimately resulting in more-timely delivery of care to patients.

MSCO and ASCO are encouraged by the steps SF 3532 takes toward improving prior authorization in Minnesota, and we welcome the opportunity to be a resource for you. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the <u>ASCO Position</u> <u>Statement: Prior Authorization</u>. Please contact Sarah Lanford at ASCO at <u>Sarah.Lanford@asco.org</u> if you have any questions or if we can be of assistance.

Sincerely,

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Amrit Singh, MD President Minnesota Society of Clinical Oncology

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Everett Vokes, MD, FASCO Chair of the Board Association for Clinical Oncology