



April 18, 2024

Chair Wiklund,

On behalf of the Minnesota Orthopaedic Society (MOS), I am writing to share our disappointment that no items relating to prior authorization reform were included in SF 4699.

As you know, there was widespread bipartisan support among committee members for prohibiting prior authorization for those services where, if delayed, can lead to negative health outcomes for patients. MOS regrets that there was no language included in the omnibus bill to prohibit services from prior authorization. Additionally, MOS deeply regrets that language requiring health plans to submit prior authorization data was not included in the omnibus bill. Based on this data, a recommendation to improve the prior authorization process, including a recommendation for a prior authorization exemption process for providers, could have been developed so future patients and providers could avoid the negative outcomes associated with prior authorization. The fact that no items relating to prior authorization reform made it into SF 4699 is concerning.

With no changes to the prior authorization process, providers and patients alike will continue to struggle to access to care. According to data from the American Medical Association, 94% of physicians report that prior authorization has led to delays in care for their patients. In that survey, 1 in 3 physicians reported that prior authorization has led to serious adverse events for patients. Additionally, while 100% of health plans report using peer-reviewed evidence-based studies when designing prior authorization programs, 31% of physicians polled report that prior authorization criteria are rarely or never evidence-based.

This reflects what we are hearing from our own members. According to data gathered among MOS members, well over 90% of prior authorization requests were ultimately approved. These numbers suggest that services which are not overutilized still undergo frequent prior authorization reviews. This does not benefit the patient. This does not benefit the provider. This does not benefit anyone except health plans that save money when patients give up on pursuing treatment due to prior authorization.

On behalf of MOS, I hope that you can work to include at least some items relating to prior authorization reform in SF 4699.

Sincerely,

A handwritten signature in black ink, appearing to read "PL", written over a light blue horizontal line.

Paul Lafferty, MD
President, Minnesota Orthopaedic Society