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December 4, 2023

TESTIMONY IN SUPPORT OF:

S.1249, AN ACT RELATIVE TO REDUCING ADMINISTRATIVE BURDEN

BEFORE THE COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND RECOVERY

DECEMBER 4, 2023

The Massachusetts Society of Otolaryngology/Head and Neck Surgery (MSO) wishes to be recorded in strong support for S.1249, An Act Relative to Reducing Administrative Burden. S.1249 would put in place comprehensive legislative protections for patients and providers to reduce and streamline prior authorization processes uniformly across all commercial insurance carriers in Massachusetts.

Health plans routinely require providers to obtain pre-approval, also known as prior authorization (PA), to justify why a recommended treatment is necessary before a prescription medication or medical services can be delivered to the patient. PA began as a tool to monitor and control spending on costly or novel treatments but has proliferated to apply broadly to many long-established services and treatments. Today, the burdens associated with the PA process far exceed the purported benefits of cost and quality control, leading to avoidable patient harm and waste in the system. While there is a role for PA, there is a critical need for reforms to streamline or eliminate low-value prior authorization requirements to minimize waste, delays, and disruptions in access to care for patients.

To reduce administrative burden and promote access to quality, timely care, this legislation will:

- Prohibit PA for generic medications and medications and treatments that have low denial rates, low variation in utilization, or an evidence-base to treat chronic illness;
- Require PA to be valid for the duration of treatment or at least 1 year;
- Require insurers to honor the patient's PA from another insurer for at least 90 days;
- Require public PA data from insurers relating to approvals, denials, appeals, wait times, and more;
- Require the Health Policy Commission to issue a report on the impact of PA on patient access to care, administrative burden, and system cost;
- Prohibit retrospective denials if care is preauthorized;
- Require carriers to notify affected individuals about any new PA requirements;
- Establish a 24-hour response time to authorize urgent care; and
- Require insurers to adopt software to facilitate automated, electronic processing of PA and the Division of Insurance to implement standardized PA form.

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Most importantly, S.1249 will directly benefit patients by reducing the unnecessary complexity associated with prior authorization. Patients commonly experience delays in care while PA requests are being submitted and processed, even when their requests are ultimately approved.

On behalf of our physician members, staff, and patients, the MSO urges the Committee to act favorably on S.1249.

Sincerely,

A handwritten signature in black ink, appearing to read 'PSH', with a stylized flourish extending to the right.

Prerak Shah, MD
President
MSO