



ORTHOPAEDICS SUPPORTS PRIOR AUTHORIZATION REFORM

S2680 (Senator Neil Breslin) / A859 (Assemblymember John T. McDonald III, RPh)
Relates to the exemptions from preauthorization requirements

The New York State Society of Orthopaedic Surgeons (NYSSOS), the medical specialty society of more than 800 orthopaedic specialists and practices, subspecialists, fellows, and residents who are committed to improving access to care, promoting public health, ensuring patient safety and providing the highest quality of care in New York State, strongly supports the enactment of the above referenced legislation.

This bill would establish an exemption from prior authorization for health care professionals who receive at least 90% percent approval for a particular health care service in a six-month period. Importantly, the legislation would require insurers and health plans to analyze the prior authorization data and grant such an exemption to health care professionals meeting the criteria. In addition, the legislation requires insurers and health plans to notify health care professionals with a description of the health care services to which such exemption applies and a statement on the duration of such exemption.

Despite the relatively low peer-to-peer denial rates, insurer's prior authorization and utilization reviews continue to pose unnecessary delays in the care and treatment of patients, postponing routine musculoskeletal care and treatment. Even during the pandemic, orthopaedic surgeons saw the implementation of new prior authorization requirements rise substantially that unnecessarily delayed care and require additional and dedicated resources in practices both in time and staff in effort to secure approvals. Delayed musculoskeletal care comes at a tremendous cost not only to the patient in terms of quality of life and productivity but to the overall health care system. According to the American Public Health Association, musculoskeletal conditions are a leading cause of disability in the U.S. accounting for more than 130 million patient visits to health care providers annually and the number one reason individuals to see their physician.ⁱ

A 2021 survey by the American Medical Association of physicians found alarming data that highlights the need for prior authorization reformⁱⁱ. Among the findings: 93% reported prior authorization delayed access to care; 82% reported that prior authorization sometimes led to treatment abandonment; 34% reported prior authorization led to a serious adverse event for patient such as hospitalization, further impairment and even life-threatening event. Many physicians and staff in their practices are spending upwards of two days completing prior authorizations, which vary from insurer to insurer. Forty-percent responded they have staff whose full-time job is managing prior authorizations.

At the state level, NYSSOS has found similar data. In 2022, NYSSOS conducted a survey of its membership. **Ninety-five percent of orthopaedists are not satisfied with the current process for surgical prior authorizations with 92% are finding the administrative burden worsening in recent years. Eighty-seven percent reported having patients**

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abandon care because of delays from prior authorizations. Moreover, the survey found 95% had patients with worsening symptoms such as increased pain and 88% had patients who had to delay return to work. In 2021, another survey conducted by NYSSOS of its membership found that 57% of orthopaedic practices experienced a reverse of a previously granted prior authorization; and 47% spend more than five hours a day trying to secure a prior authorization.

As healthcare utilization continues to increase, resource utilization programs have been put in place to ensure that practitioners are delivering care in a responsible and cost-effective manner to provide quality care and treatment. This process, while intended to help balance costs, can delay, or deny medically necessary care and negatively influence patient outcomes. The application of prior authorization has grown indiscriminately as noted in the data above, adding to the amount of time physicians must spend negotiating with insurance companies and away from patient care. The processes compound the growing rates of burnout among health care practitioners operating through the COVID-19 public health emergency pandemic for more than two years.

There is precedent for this legislation as Texas and Pennsylvania recently enacted measures to improve the prior authorization process.

Here in New York, this legislation is needed now more than ever to level the playing field and assure patients receive the high-quality care they need including orthopaedic care, which many put off or delayed during the pandemic. Unnecessary time and labor (staff) spent on prior authorizations, which are ultimately approved, siphon away critical resources from the patient care and increase administrative expenses. There are important lessons to learn from other states experiences with respect to reducing unintended consequences of important initiatives like this one, and we are prepared to work together to ensure a smooth transition.

For the above reasons, NYSSOS **strongly supports** the passage and enactment of this legislation as it prioritizes patient access to timely, quality care.

ⁱ <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/08/14/21/musculoskeletal-disorders-as-a-public-health-concern>

ⁱⁱ <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>