



January 25, 2024

Lt. Governor Delbert Hosemann
Speaker Jason White
Mississippi State Legislature
400 High Street
Jackson, MS 39201

Dear Lt. Governor Hosemann and Speaker White,

The Mississippi Oncology Society (MOS) and the Association for Clinical Oncology (ASCO) strongly support prior authorization reform. We appreciate the Legislature's continued work on this critical issue and thank you for your leadership.

MOS was formed in 1991 for the purpose of promoting the highest professional standards of oncology in Mississippi, to study, research and exchange information, experiences and ideas leading to improvement in oncology and to promote educational opportunities. 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.

MOS 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. MOS and ASCO support the following reforms to ensure timely care for patients, enhance clinical validity, promote continuity of care, and increase transparency of prior authorization requirements:

Timely Access to Care: To ensure that patients have prompt access to care, utilization review entities must make coverage determinations in a timely manner. Lengthy processing times for prior authorizations can delay necessary treatment, which can lead to worse patient outcomes.

Enhance Clinical Validity: Adverse determinations can prevent patients from accessing care that their physician has determined to be appropriate and medically necessary. Utilization review entities should offer an appeals system that allows a prescribing physician direct access to a physician in the same specialty for discussion of medical necessity issues.

Continuity of Care: Patients forced to interrupt ongoing treatment due to health plan utilization management restrictions can experience negative health outcomes. If a patient is stabilized on a treatment subject to prior authorization protocols, utilization review entities should offer a grace period upon enrollment in the plan. If a drug is removed from a plan's formulary or subject to new coverage restrictions after a patient's enrollment period has ended, the drug should be covered without restrictions for the duration of the benefit year.

Transparency: Changes to prior authorization requirements can have a direct impact on patient care by creating a delay or altering the course of treatment. To ensure that patients and physicians are fully informed when making healthcare decisions, utilization review entities need to be transparent about all coverage restrictions and the supporting clinical documentation needed to meet utilization management requirements. Insurers should publicly disclose this information in a searchable electronic format. Utilization review entities should also make statistics regarding prior authorization approval and denial rates available so that lawmakers can evaluate the effectiveness, potential impact, and cost of prior authorization processes on patients, physicians, insurers, and the system as a whole.

MOS and ASCO greatly appreciate the strong bipartisan collaboration from the Legislature on much needed prior authorization reforms, and we encourage your continued support. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement: Prior Authorization](#). Please contact Sarah Lanford at ASCO at Sarah.Lanford@asco.org if you have any questions or if we can be of assistance.

Sincerely,

Caleb Dulaney, MD
President
Mississippi Oncology Society

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