

April 30, 2021

Honorable Senator Napoleon Harris, III
Chair, Senate Committee on Insurance
Illinois State Capitol
Springfield, IL

RE: House Bill 711 – Support

Dear Chair Napoleon Harris, III,

The Arthritis Foundation thanks you for co-sponsoring House Bill 711 and I hope you will encourage your fellow members of the Senate Committee on Insurance to support the bill. This bill would reform the prior authorization process to ensure that it works better for patients and health care professionals.

Specifically, this bill requires payers to maintain and publicly post a list of services for which prior authorization is required. Finding out what treatments require prior authorization is often a challenge in itself, and often is not known until after the treatment is prescribed, exacerbating delays in care. Establishes important maximum timelines for urgent and non-urgent prior authorization requests. Currently there are no standard timelines, forcing patients to wait an excessive amount of time, often weeks, before care can be initiated.

In addition, this bill defines qualifications of individuals designated to review and make prior authorization determinations. House Bill 711 also ensures that if prior authorization is requested and approved for a given procedure, reasonably related supplies or services are considered to have also received authorization.

Lastly, HB 711 provides for continuity of care for patients by requiring that prior authorization approvals remain in effect for the duration of the course of treatment. This bill also ensures that a prior authorization determination confirms medical necessity requirements and requirements for payment for the delivery of the health care service. All too often a physician spends hours dealing with payers to get a treatment approved, only to experience non-payments after the care is rendered.

Typically, physicians must fill out a prior authorization form whenever they prescribe a specialty medication or treatment that is restricted or not covered under an insurance carrier's formulary. Many patients seeking medication vital to their arthritis treatment are held up by prior authorization, a process in which a physician must submit tedious paper work before writing a prescription. As a result, prior authorization typically causes lengthy delays in treatment, thereby restricting a person's access to vital care. Patients surveyed by the Arthritis Foundation in 2017 indicated that prior authorization was one of the top two most burdensome insurance issues.

According to a 2018 American Medical Association survey, which examined the experiences of 1,000 patient care physicians, more than nine in 10 physicians (92%) said that the prior

authorization process delays patient access to necessary care; and nearly four in five physicians (78%) report that prior authorization can sometimes, often or always lead to patients abandoning a recommended course of treatment. Lastly, the survey revealed that a vast majority of physicians (86%) believe burdens associated with prior authorization have increased during the past five years.

As a result, prior authorization protocols can lead to delays in access to care that offer the greatest potential medical benefit to people with arthritis. Arthritis is a chronic, degenerative disease, and delays in treatment can worsen disease progression and even cause permanent damage and disability. In some cases, patients may have no alternate therapy for an extended period of time if the therapy that was initially prescribed was rejected. Accordingly, the standard time frames for a determination created by HB 711 will ensure timely access to the vital health care services patients need.

On behalf of the more than 2.3 million people in Illinois with arthritis, the Arthritis Foundation strongly urges the Senate Committee on Insurance to support HB 711.

Sincerely,



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CC: Members, Senate Committee on Insurance

