



September 19, 2022

Dear Members of the Pennsylvania House of Representatives Insurance Committee,

I am writing in support of SB 225, which includes Prior Authorization (PA) reform to establish maximum response time limits for payers to approve urgent and non-urgent treatment. SB 225 would reduce unnecessary delays in care by streamlining and standardizing the payer prior authorization process. The approval process required by payers for nearly all high-cost procedures and medications, followed by a wait time for approval of multiple days or weeks prevents providers from beginning hematopoietic cell transplant (HCT), an urgent treatment, for patients. Any delay in treatment for blood diseases and disorders through HCT hurts patients and results in disease progression. This legislation will quicken payer response times.

HCT is often a last-resort, life-saving treatment and must begin as soon as possible to produce the most successful patient outcomes. Over 20,000 HCT procedures are performed each year in the United States. If a patient has been referred to a transplant program for HCT, there are few to no alternative options for treatment, and transplant is often a last hope for a cure. A delay of even days can be of consequence to patients with several types of blood cancers. Before a transplant can occur, initiation of tests and a search for a donor can take weeks.

The volume of prior authorization requirements is impacting patients, physicians, and the entire health care system.¹

- HCT providers cite PA wait time for transplant as a major burden, and report spending up to two business days each week completing administrative tasks associated with PA.
- Ninety-three percent of physicians say prior authorization sometimes, often, or always results in care delays.
- An American Medical Association (AMA) survey conducted in 2021 indicates that 82% of physicians report that prior authorization-required treatment can at least sometimes lead to treatment abandonment.
- Due to the urgent, life-saving, and proven curative outcomes of HCT, nearly every prior authorization request for transplant is approved, leading us to question why the procedure needs to be subjected to a lengthy review.

More than half of all states have implemented or initiated maximum time limits for treatment and/or prescription drugs. Patients in need of life saving cellular therapy transplant should receive timely referral and treatment without delay and undue burden to providers. Ensuring appropriate utilization of HCT can be most effectively accomplished by evaluating patient outcomes, not delaying up front patient access and unnecessarily creating administrative overhead for providers.

¹ <https://www.ama-assn.org/system/files/2020-06/prior-authorization-survey-2019.pdf>

We ask for your support of SB 225, an important reform initiative which includes establishment of maximum time limits for payers to approve urgent and non-urgent treatment.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Porter', enclosed in a thin black rectangular border.

Dr. David L. Porter, MD
Jodi Fisher Horowitz Professor of Leukemia Care Excellence
Director, Cell Therapy and Transplant