January 30, 2020

Senator Curt VanderWall  
Senator Winnie Brinks  
Senate Committee on Health Policy and Human Services  
Michigan State Senate  
Room 1100, Binsfeld Office Building  
201 Townsend Street  
Lansing, MI 48933

Dear Chair VanderWall, Vice Chair Brinks, and Members of the Senate Committee,

The Michigan Society of Hematology and Oncology (MSHO) and the Association for Clinical Oncology (ASCO) are pleased to strongly support SB 612: Insurance; preauthorization conducted by utilization review entities related to health care services; provide for.

ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care. MSHO represents over 93% of the medical oncology, hematology and radiation oncology specialists in Michigan, treating cancer patients across all settings of care. MSHO was formed to promote best practices and ensure access to quality care for Michigan’s cancer patients.

MSHO 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 and step therapy protocols are of particular concern because they represent greater likelihood of raising barriers to appropriate care for individuals with cancer. ASCO policy suggests that payers can mitigate these barriers to care by:

1. limiting the focus of prior authorization requirements to specific areas of concern; and
2. providing an efficient, transparent prior authorization process within a reasonable timeline.

To that end, ASCO joined the American Medical Association and 16 other healthcare organizations in 2017 to establish Prior Authorization and Utilization Management Reform Principles urging health plans, benefit managers and others to reform utilization management programs. With these principles in mind, we are pleased that SB 612:

- **Enhances clinical validity** by requiring insurers to cite evidence-based, peer-reviewed literature in their written rationale for any prior authorization denial;
- **Accommodates the needs of special patient populations** by requiring insurers to take atypical patient populations and diagnoses like cancer into account in their clinical review criteria;
- **Promotes continuity of care** by requiring approved prior authorizations to be valid for one year;
- **Improves transparency** by implementing prior authorization statistical reporting requirements and ensuring that utilization management processes are posted clearly online; and
Ensures timely access to care by determining that a prior authorization request must be answered within two business days under normal circumstances and within one day if the request is urgent.

In addition to the improvements that SB 612 makes to Michigan prior authorization procedures, we are pleased that this measure addresses issues arising from fail first/step therapy protocols. Step therapy or fail first policies can be problematic for patients with cancer because they can severely delay a patient’s access to the best treatment available for their condition. While many treatments preferred by payers are less costly financially, they may not be the best treatment available for the patient. While waiting to complete a “step,” a patient with cancer may experience disease progression and irreversible damage to their overall health. MSHO and ASCO strongly support the guardrails that SB 612 places around step therapy by prohibiting an insurer from requiring its use if the prescribing physician considers the policy not in the best interest of the patient.

MSHO and ASCO are encouraged by the steps that SB 612 takes toward improving prior authorization and step therapy procedures in Michigan and urges the committee to pass the measure. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the ASCO Position Statement: Utilization Management. Please contact Allison Rollins at ASCO at allison.rollins@asco.org or Dr. Thomas Gribbin from MSHO at tgribbin@msho.org if you have any questions or if we can be of assistance.

Sincerely,

Thomas Gribbin, MD
President
Michigan Society of Hematology and Oncology

Monica Bertagnolli, MD, FACS, FASCO
Chair of the Board
Association for Clinical Oncology