Suburban Hospital Alliance of New York State, LLC

SUPPORT MEMO

Date: May 6, 2022
To: Members, Hudson Valley and Long Island Legislative Delegations
From: Wendy Darwell, President and CEO
S.6435-B – on Senate Health Committee agenda (5/9/22)
A.7129-A – in Assembly Insurance Committee

On behalf of the Suburban Hospital Alliance of New York State, which represents hospitals and health systems in the Hudson Valley and on Long Island, I urge your support for S.6435-B/A.7129-A. This legislation would significantly improve the utilization review processes for care provided to patients in state-regulated health insurance plans.

S.6435-B/A.7129-A addresses several chronic concerns of providers seeking to ensure that patients' initial and ongoing care will be covered by their insurance carrier. Specifically, it would:

- Require that health plans utilize evidence-based and peer-reviewed clinical criteria to make determinations about medical necessity. Plans should be held to rigorous standards in their review of treatment recommended by a qualified clinician.
- Require that health plans' utilization review agents generally make determinations within 72 hours of receiving the provider's request, as opposed to the three business days required by current law. When the patient's clinical condition demands it, this legislation would shorten that timeframe to 24 hours. Patients need care seven days a week; plans insisting on these utilization review mechanisms should likewise be available to support the beneficiaries' needs seven days a week. Patients should not remain in a hospital bed for excess days, often without any additional reimbursement for the hospital, when they are clinically appropriate for a different level of care.
- Extend the validity of an authorization for the duration of treatment for a specific condition if requested by a provider. It places an undue burden on the patient and provider to continue seeking new authorizations for ongoing treatment, which can lead to delayed care.
- Require that plans pay for a service that has been authorized when eligibility is confirmed on the date of service. Providers should not have to forego payment for care provided to patients if the plan later determines that it made an error in the patient's coverage status.

For these reasons, the Suburban Hospital Alliance urges your vote in support of S.6435-B/A.7129-A.