



IN CASE YOU MISSED IT

CalMatters: Commentary: Medical-procedure oversight is good for patients and pocketbooks

August 3, 2022 – CalMatters today [published an opinion editorial authored](#) by Dr. Adam Solomon, chief medical officer for the MemorialCare Medical Foundation, a physician-run health care organization.

[In the piece](#), Dr. Solomon discusses the importance of prior authorization, an important tool used in limited circumstances, to ensure California patients have a health system that provides high-quality, affordable, evidence-based health care. Senate Bill 250, which is being considered by legislators, aims to dismantle prior authorization, and if passed, the bill “would be a prescription for low-value care that would harm patients both financially and physically.”

Other highlights from the op-ed are below.

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Dr. Adam Solomon

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“All Californians deserve a health system that consistently provides high-quality, affordable care. Unfortunately, legislators in Sacramento are considering a bill that, if passed, would do just the opposite: It would be a prescription for low-value care that would harm patients both financially and physically.

“...Senate Bill 250 dismantles prior authorization, a tool used in limited circumstances to ensure patients receive safe, high-quality, affordable health care that is in line with best practices. The goal is not to deny needed care, but to ensure the provision of evidence-based care.

“... data show that in a single year, between 24% and 42% of Medicare beneficiaries received one of 26 tests or treatments that scientific and professional organizations consistently have determined to have no benefit or to be outright harmful. This is the reason certain services undergo a pre-authorization process.

“... there is a strict and specific time limit that organizations have for these authorization requests to be reviewed. Those turnaround times are regularly audited, carefully monitored, and need to be reported at least biannually, with some plans auditing us monthly. For my organization, which processes around 750,000 requests per year, one-third are approved in under one day and, on average, in less than 2.5 days.

“... Pre-authorization fulfills an important function in American health care. Just as you would expect the pharmacist to catch an errant prescription with the wrong strength or that caused you an allergic reaction in the past, prior authorization provides a second look to confirm that the service being requested matches the evidence.

“...It can also protect patients against surprise billing for out-of-network charges. SB 250 would not allow this check-and-balance in favor of patients.

“... 40% of all health care in America has often been found to be duplicative and unnecessary. Policymakers say the physician’s “power of the pen” drives 80% of the cost of health care in America. Physicians don’t always consider the cost of those decisions.”

To read the full article, [click here](#).