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April 7, 2025

Missouri Senate  
201 W Capitol Ave  
Jefferson City, MO 65101

## Re: Support SB 230 – Remove Unnecessary Burdens from Prior Authorization

Majority Leader Luetkemeyer and members of the Missouri Senate:

The Coalition of State Rheumatology Organizations (CSRO) supports SB 230, which would streamline the prior authorization process by addressing retroactive denials.

CSRO serves the practicing rheumatologist and is comprised of over 40 state rheumatology societies nationwide with a mission of advocating for excellence in the field of rheumatology and ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease. Rheumatologic diseases, such as rheumatoid arthritis, psoriatic arthritis and lupus, are systemic and incurable, but innovations in medicine over the last several decades have enabled rheumatologists to better manage these conditions. With access to the right treatment early in the disease, patients can generally delay or even avoid damage to their bones and joints, as well as reduce reliance on pain medications and other ancillary services, thus improving their quality of life.

Prior authorizations are typically required by health plans before the health plan confirms coverage for services or select medications. Rheumatoid arthritis medications are subject to some of the most intensive utilization management requirements in healthcare, including prior authorization and step therapy. We understand that rational, clinically driven prior authorizations can help control costs, but unfortunately this utilization management tool is often far from rational or clinically driven and also differs greatly between health plans.

According to a study published in Arthritis Care & Research,<sup>i</sup> 71% of patients required prior authorization to begin their infused medications. Remarkably, **96% of all prior authorizations – including ones initially denied – were ultimately approved**, indicating that prior authorizations serve as a delay tactic used by health plans rather than a meaningful “double-check” on clinical need. It should be noted that all patients requiring a prior authorization—particularly, those patients who were initially denied and ultimately approved (82%)—had a greater steroid exposure when compared to those patients not requiring a prior authorization.<sup>ii</sup>

Prior authorizations are incredibly burdensome for physician practices, requiring extensive staff time. They can also interrupt or delay essential care, which can be harmful for patients managing chronic rheumatologic conditions. Any disease progression caused by a delay in appropriate treatment can be irreversible, life threatening, and cause the patient's original treatment to lose effectiveness. It is therefore critical that we reduce the prevalence of unnecessary prior authorizations and identify reasonable ways to streamline these processes with a focus on ensuring access to clinically appropriate medications.

### **Prohibit Retroactive Denials of Authorized Care**

Retroactive denials have become far too common in medicine and are harmful to both the patient and their provider, who is often left covering the expenses when the insurer rescinds coverage. As recognized by SB 230, prior authorization processes are already laborious and time consuming. All the necessary clinical data is required from the beginning of the process and yet insurance companies continue to retroactively deny approvals. Even worse, the patient and provider often have few options to appeal the retroactive denial in a timely manner that does not impact care or cause financial hardship on the medical practice. CSRO strongly supports provisions that prohibit retroactive denials and their corresponding payment claw backs.

On behalf of practicing rheumatologists throughout Missouri and the patients we care for, we support SB 230 which protects patients from harmful prior authorization practices that restrict access to essential medications. These much-needed protections will help ensure the patient's continuity of care and medication adherence, improving health outcomes and patient quality of life. We thank you for your consideration and are happy to further detail our comments upon request.

Respectfully,



Mark S. Box, MD, FACP, FACR  
President, Midwest Rheumatology  
Association (MO & KS)  
Member, Board of Directors, CSRO



Madelaine A. Feldman, MD, FACR  
VP, Advocacy & Government Affairs  
Board of Directors

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<sup>i</sup> Arthritis Care & Research. [Treatment Delays Associated With Prior Authorization for Infusible Medications: A Cohort Study](#). September 2019.

<sup>ii</sup> Arthritis Care & Research. [Treatment Delays Associated With Prior Authorization for Infusible Medications: A Cohort Study](#). September 2019.