

**Opposing Health Plans Restricting Medically Necessary Care****Submitted by Dr. Sterling Ransone**

- WHEREAS, health plans have instituted a number of mechanisms to restrict medically necessary care to patients including step therapy and prior authorization, and
- WHEREAS, these cost-control mechanisms are used to limit prescription medications, therapies, medical equipment, procedures, services and imaging, and
- WHEREAS, step therapy is a cost-control process that many health plans use for prescriptions, and
- WHEREAS, prior authorization is a health plan cost-control process many health plans use for prescriptions, procedures, and services, and
- WHEREAS, these processes require providers to obtain approval, which most often requires hours of uncompensated physician and staff work, and
- WHEREAS, despite the 2015 law passed in Virginia, physician practices are still experiencing numerous problems with prior authorizations, and
- WHEREAS, frequently health plans change their criteria for “medical necessity” with little to no notice or explanation, and
- WHEREAS, these mechanism cause interruption in the care of the patient and interferes in the doctor-patient relationship, therefore be it
- RESOLVED, the Medical Society of Virginia opposes any health plan mechanism that interferes in the timely delivery of medically necessary care, therefore be it further
- RESOLVED, the Medical Society of Virginia supports requiring health plans to provide physicians with real time access to covered benefits, the criteria for “medical necessity” and cost information so that physicians and their patients may work together to choose the most cost-effective medically appropriate treatment for patient care.