



April 13, 2026

Dear Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Medical Association (MMA), I write in opposition to HF 4801, which would lead to further use of prior authorization in Minnesota. The legislation undoes much of current state law to protect patients against the delays in care caused by prior authorization. If passed, this legislation would lead to fewer patients getting the care they need and overall worse outcomes for patients.

Prior authorization continues to be one of the most dangerous obstacles to patient care. A 2022 survey by Kaiser Family Foundation found that nearly 60% of insured adults reported experiencing problems with their health insurance, specifically highlighting frustration with delays in care tied to prior authorization. According to a 2024 report from American Medical Association (AMA), 94% of physicians report that prior authorization requirements delay access to necessary treatment and 82% indicate that such delays result in patients abandoning recommended treatment, and perhaps most concerning, 29% of physicians report that prior authorization has led to a serious adverse event for a patient, including hospitalization, permanent impairment, or death.

Prior authorization is associated with negative impacts on the healthcare workforce. 89% of physicians report that prior authorization increases physician burnout and approximately 70% of patients report that prior authorization is burdensome, with over half of patients participating in the 2024 AMA survey identifying prior authorization as the primary barrier to receiving care.

The delays in care associated with prior authorization also add unnecessary costs to the entire health care system. Prior authorization extends the time of treatment initiation across multiple specialties, increasing the risk of complications, hospitalizations, disease progression, and associated increased healthcare costs. For example, patients are often forced to try alternative and less effective treatments or schedule additional office visits due to prior authorization delays. These delays, especially to treat chronic conditions, inevitably lead patients to delay care while their conditions worsen, leading to emergency room visits and unexpected hospitalization.

Data also suggests that the use of prior authorization is often inappropriate. Though few patients appeal decisions and often choose to defer care altogether, studies conducted by Johns Hopkins Medicine and other organizations suggest that when those decisions are challenged, they are almost always overturned on appeal. This raises serious concerns about the appropriateness of initial barriers to care.

This legislation would lead to higher usage of prior authorization in Minnesota and would negatively impact Minnesota's patients and providers. I respectfully urge you to oppose HF 4801.

Sincerely,

Lisa Mattson, MD  
President, Minnesota Medical Association



April 12, 2026

Dear Co-Chair Backer, Co-Chair Bierman and Members of the Committee:

On behalf of the Minnesota Academy of Family Physicians (MAFP), which represents more than 3,100 family physicians, residents and medical students across the state, we write to express our opposition to House File 4801.

HF 4801 effectively undoes important prior authorization reforms enacted in 2024. Those reforms were the result of extensive collaboration among policymakers, physicians and stakeholders to reduce unnecessary delays in care, streamline processes and improve patient outcomes. By reversing these gains, HF 4801 risks reintroducing barriers that delay treatment, increase frustration for both patients and providers and drive up overall health care costs. Delays in care and treatment due to prolonged and unnecessary prior authorization processes lead to adverse outcomes for our patients.

Prior authorization reform was a critical step toward a more efficient and patient-centered system. Rolling back these improvements undermines the progress that has already been made and sends the wrong signal to clinicians who have worked to implement these changes in good faith.

Family physicians are on the front lines of patient care in communities across Minnesota, providing comprehensive, continuous care to patients of all ages. At a time when our health care workforce is already strained, HF 4801 would impose additional administrative burdens that take physicians away from what matters most—caring for patients.

A primary concern with HF 4801 is the significant increase in paperwork and administrative complexity it would create for physicians and their care teams. Family physicians already spend an excessive amount of time navigating documentation requirements, insurance processes, and regulatory compliance. Adding further layers of administrative tasks will exacerbate burnout, reduce time available for direct patient care and ultimately hinder access to timely services for Minnesotans.

Family physicians are committed to delivering high-quality, accessible care. To do so effectively, we need policies that reduce - not increase - administrative burden and that preserve reforms proven to improve care delivery.

For these reasons, the Minnesota Academy of Family Physicians respectfully urges the Committee to oppose House File 4801.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "JC" followed by a stylized flourish.

Jamie Conniff, MD, MPH  
President, MAF



April 12, 2026

Minnesota House Health Finance and Policy Committee  
Minnesota House of Representatives  
St. Paul, MN

Dear Co-Chair Backer, Co-Chair Bierman and Members of the Committee:

On behalf of the Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG), we write to respectfully express our opposition to House File 4801.

Obstetrician-gynecologists are uniquely positioned to see the real-time consequences of delays in care. From prenatal visits to urgent gynecologic procedures, timely access to services is critical to ensuring safe and healthy outcomes for patients. Unfortunately, HF 4801 would move Minnesota in the wrong direction by rolling back prior authorization reforms enacted in 2024—reforms that were designed specifically to reduce delays and improve care coordination.

The 2024 prior authorization changes represented meaningful progress for both patients and clinicians. By streamlining approval processes and reducing unnecessary barriers, these reforms helped ensure that patients could access medically necessary care without avoidable administrative hurdles. HF 4801 risks undoing these improvements and reinstating a system where patients face prolonged wait times for essential services.

In obstetric and gynecologic care, delays are not merely inconvenient—they can be dangerous. Patients experiencing complications in pregnancy, seeking miscarriage management, or requiring time-sensitive procedures depend on prompt decision-making and access to treatment. Reintroducing inefficient prior authorization requirements increases the likelihood of postponed care, which can lead to worsened health outcomes and, in some cases, preventable complications.

Additionally, HF 4801 would place a renewed administrative burden on physicians and care teams. Obstetrician-gynecologists already navigate complex documentation and insurance requirements while managing time-sensitive care. Expanding prior authorization requirements diverts critical time and resources away from patient care and contributes to physician burnout at a time when workforce shortages are already impacting access to care across Minnesota.

Minnesota has made important strides toward a more patient-centered, efficient health care system. Reversing prior authorization reforms undermines that progress and creates unnecessary barriers for both patients and the clinicians who serve them.

For these reasons, the Minnesota Section of ACOG respectfully urges the Committee to oppose House File 4801.

Thank you for your time and consideration.

Sincerely,

Erin Stevens, MD  
Legislative Chair  
Minnesota Section, American College of Obstetricians and Gynecologists



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April 11, 2026

Dear Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Society of Clinical Oncology (MSCO), I am writing to express our strong opposition to HF 4801. This bill would weaken the prior authorization reforms enacted by the Legislature in 2024, which were designed to reduce delays in care and improve outcomes for patients with cancer.

The 2024 prior authorization reform law appropriately limited prior authorization for services where delays are known to cause harm, including cancer treatments consistent with national clinical guidelines. In oncology, timely access to care is critical. Even short delays can lead to disease progression and reduced survival.

HF 4801 undermines these protections by reintroducing broad and subjective exceptions, including allowing prior authorization when care is deemed to exceed a “standard of treatment” or involve “conflicting services.” In a field where treatment is highly individualized and rapidly evolving, these vague standards risk inappropriate delays for evidence-based care.

The bill also introduces the concept of a “current standard of treatment time frame.” This is not a recognized clinical standard and does not reflect how care is delivered in oncology. Treatment duration is individualized and often indefinite, based on patient response and evolving clinical evidence. Embedding this undefined concept in statute creates ambiguity and allows non-clinical entities to impose arbitrary limits on care.

HF 4801 further weakens continuity of care by allowing new documentation requirements and reassessment of previously approved treatment. For patients undergoing active cancer treatment, this creates the risk of interruptions at the worst possible time.

While prior authorization may have a role in limited circumstances, its overuse, particularly for care consistent with clinical guidelines, creates unnecessary barriers and worsens patient outcomes. HF 4801 would move Minnesota in the wrong direction by increasing administrative burden and reintroducing avoidable delays.

MSCO urges you to oppose HF4801 and preserve the 2024 reforms that support timely, evidence-based cancer care.

Sincerely,

*Konstantinos Leventakos, MD, PhD*

Konstantinos Leventakos, MD, PhD  
President, Minnesota Society of Clinical Oncology (MSCO)



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April 13, 2026

Members of the Health Finance and Policy Committee,

On behalf of the Minnesota Chapter of the American College of Physicians (MN-ACP), representing nearly 2,500 internal medicine physicians and subspecialists across our state, we write in strong opposition to HF 4081.

- **Prior authorization delays care and is dangerous to patients:** prior authorization requirements, especially for treatments of chronic conditions, delay prescribed care for patients and often leads to serious adverse health outcomes. Many patients do not appeal adverse prior authorization determinations, leading to untreated conditions, associated cost increases when those conditions worsen, and most importantly, adverse health outcomes for patients.

In the past, prior authorization has been used to disincentivize patients from pursuing treatments prescribed by their attending physicians. Current state law prohibits the use of prior authorization in certain cases. This includes some treatments for chronic conditions, limiting prior authorizations to one-time only, unless the standard of treatment changes. This is extremely important for patient health and achieving optimal outcomes. Establishing continuity of care and undisrupted treatment is often the best way to ensure these chronic conditions are managed. This bill would disrupt that care through increased prior authorization use.

- **Prior authorization increases administrative cost and demand:** providers spend significant time away from patients to process prior authorization requests. According to national survey data, 86% of providers say prior authorization increases healthcare resource use. Many hospitals and clinics have large departments or staff dedicated solely to processing prior authorization requirements. Providers should spend time treating and seeing patients, not haggling with insurance companies, especially when over 95% of prior authorizations are ultimately approved upon appeal, according to national data.
- **Prior authorization is a leading cause of burnout for providers:** physicians are spending more time with health insurance companies and less time with patients. This is not a patient focused practice, but currently necessary due to increased use of prior authorization in recent years. Increased prior authorization has led to increased rates of burnout among the healthcare workforce. The overuse of prior authorization has forced many medical organizations to develop policies aimed at reducing administrative burdens and ensuring physicians can focus more on direct patient care, and less on processing often unnecessary prior authorization requests.

MNACP strongly advocates for regulations and policies to alleviate the overly burdensome and often dangerous prior authorization requirements. We ask that you oppose HF 4081.

Sincerely,

*Tseganesh Selameab, MD*  
Tseganesh Selameab, MD, FACP  
Co-Course Director Becoming a Doctor  
Co-Director Social Medicine Thread  
Associate Director, Center for the Art of Medicine  
Governor, ACP Minnesota Chapter

*Sally Berryman, MD*  
Sally Berryman, MD, FACP  
Associate Professor  
General Internal Medicine, VAMC  
Chair, MN-ACP Health Policy Committee



April 13, 2026

Dear Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Orthopaedic Society, I am writing to express significant concerns with HF 4801, reintroducing greater prior authorization usage in Minnesota.

In orthopedic practice, delays in treatment are not benign. Conditions such as joint degeneration, ligament injuries, and spinal pathology are time-sensitive; postponement of imaging, injections, or surgery can result in disease progression and irreversible functional decline. Under currently law, those conditions that may be exempt from prior authorization requirements. If this bill were to pass, they could be subject to prior authorization, associated delays, and risks to patient health and safety.

A systematic review published in *The American Journal of Medicine* found that prior authorization requirements are consistently associated with delays in care, disease exacerbation, preventable hospitalizations, prolonged hospital stays, and even reduced survival in certain patient populations. These findings are not theoretical – they reflect real clinical patient experiences.

The magnitude of patient impact is substantial. According to the American Medical Association (AMA), approximately 26% of patients experience delays of more than two weeks while awaiting authorization from an insurance provider who has never examined or seen the patient. These delays frequently lead to escalation of care, including hospitalization, which is both more expensive and worse for the patient. Even more concerning, nearly one-third of physicians report that prior authorization has resulted in serious adverse events such as hospitalization, permanent harm, or life-threatening complications.

Thank you for the opportunity to share concerns with this legislation and for commitment to the health of all Minnesotans. Please oppose HF 4801.

Sincerely,

Brett Freedman, MD  
President, Minnesota Orthopaedic Society