



**Suburban  
Hospital Alliance**  
of New York State, LLC

# SUPPORT MEMO

**Date: April 27, 2026**

**To: Hudson Valley and Long Island Members of the Senate**

**From: Wendy Darwell, President & CEO**

**Re: S.9651 – on 2<sup>nd</sup> Report Calendar**

On behalf of the Suburban Hospital Alliance, which represents hospitals and health systems on Long Island and in the Hudson Valley, we urge your support for S.9651, which would implement sensible reforms to the prior authorization and utilization review processes that health insurers have increasingly abused to the detriment of patient care.

Prior authorization can play an important role in ensuring that patients get the right care in the right place, but health plans have turned it into a tool for delaying or denying even the most routine care. This unnecessarily consumes provider resources, frustrates patients and, in some cases, results in consumers giving up on needed care altogether.

These health plan tactics also contribute significantly to the cost of providing care. A recent American Hospital Association study found that roughly 6.5 percent of total hospital employment is attributable to the administrative and billing staff required to process prior authorization and repeated documentation requests, appeal claim denials and other functions related to getting paid for care already provided.

S.9651 addresses these bureaucratic obstacles that unreasonably impact patient care and create unnecessary costs for healthcare providers. This legislation 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, rather than using proprietary products that cannot be externally verified.
- 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. 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, if they are clinically

appropriate for a different level of care. The bill also would require the plan to make a determination within 24 hours when a patient's health is in serious jeopardy.

- 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.

**We urge passage of this important legislation.**