

HB3190:

PRIOR AUTHORIZATION REFORM

AUTHORS: REPRESENTATIVE CARL NEWTON (R) JESSICA GARVIN (R) SPONSORS:

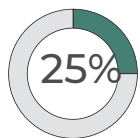
PRIOR AUTHORIZATION IS HURTING PATIENTS

The numbers say it all, **94% of physicians report care delays for patients** because of prior authorizations and **80% of physicians report that prior authorization can lead to treatment abandonment.** (i)

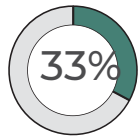
It's time to remove unnecessary burdens on necessary care. HB3190 will make important improvements to the prior authorization process for patients including:

1. Requires health insurers to publish prior authorization procedures and updates on website enrollees and providers have access to.
2. Those with chronic conditions must be notified no less than 60 days before procedures that affect them are changed.
3. Appeals will be reviewed by physicians of the same or similar specialties.
4. Health Insurers will have 72 hours to respond to urgent requests and 7 days for non-urgent.
5. If providers submit electronically and insurers do not comply to the time frame requests are considered (deemed) approved.
6. Coverage for certain inpatient services will continue during appeals.

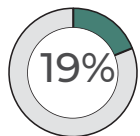
Physicians report that: (i)



of prior authorizations led to patient hospitalization



of prior authorizations led to a serious adverse health event



of prior authorizations led to life-threatening events or need for medical care to prevent permanent damage

See "How Cigna Saves Millions by Having Its Doctors Reject Claims Without Reading Them." ProPublica 3/25/23

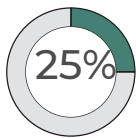
Inequitable impacts: Barrier to necessary care



Prior authorizations disproportionately impact Oklahomans with disabilities or low incomes, women, and people of color (ii)



One in three patients report either delaying or forgoing needed health care because of an administrative task-like prior authorizations (ii)



of patients in fair/poor physical health status report that their health insurance denied or delayed their necessary medical treatment, service, or drug (iii)



Chronic disease patients who are Black or Hispanic experience prior authorization denials at a 19%-40% greater rate than white patients (iv)

HEALTH CAN'T WAIT!

Sources:

- i. 2022 AMA Prior Authorization Physician Survey
- ii. "Patient Administrative Burden in the US Health Care System" Kyle, Frakt. Health Ser Research, Oct. 2021
- iii. KFF Survey of Consumer Experience with Health Insurance, Feb 21-Mar. 14, 2023 Kyle, Frakt. Oct. 2021
- iv. Health Disparities and Medication Access," Institute for Patient Access. December 2022.

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Oklahoma's prior authorization processes are burdensome and inefficient – causing delays in patient care and increasingly undermining decisions made between physicians and patients.

House Bill 3190 aims to bring much needed prior authorization reform to Oklahoma. This bill addresses prior authorization response time and transparency that often delay patient care. Patients cannot afford delays in treatment and Oklahoma's current prior authorizations kept patients from receiving timely health care and the treatments that physicians prescribe for them.

Establishing consistent turnaround times for prior authorization decisions and making it easier for providers to submit prior authorization requests via an electronic portal will go a long way toward ensuring that patients receive the care they need when they need it.

House Bill 3190 does not prohibit the use of prior authorization by health insurers. It simply brings consistency and transparency to the processes, while reducing administrative burdens on providers and providing access to more timely and medically necessary care for patients.

These organizations worked to help with the passage of this bill.



OKLAHOMA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR OKLAHOMA

