

# Utilization Management Transparency Act

## HB 4102

Utilization Management protocols such as prior authorization and step therapy are important cost-containment and quality assurance tools employed by insurers, but they often result in higher levels of administrative burden and can contribute to delayed treatment and negative patient outcomes.

**Prior authorization** is a process that requires medical offices to ask permission from a patient's insurance company before performing certain medical procedures or prescribing certain medications. **Step therapy** protocols require patients to try and fail certain therapies before qualifying for others.

This legislation does not intend to ban utilization management – rather it seeks to ensure that if commercial payers employ such cost-containment programs, the process be transparent, efficient, and fair.

**HB 4102 applies to medical, prescription, and dental plans of commercial payers.**

### Reduce Prior Authorization Burden on Patients and Healthcare Providers

- allow requests to be submitted through a web-based portal
- indicate additional necessary information if the request is incomplete
- allow prior authorization for health services to last for at least 60 days
- allow 12-month prior authorization for drugs used to treat chronic conditions

### Allow Exceptions to Step Therapy Protocols

- if the patient is already stabilized on a medication
- if the required step is expected to be harmful or ineffective
- if the patient has already tried the medication

### Improve Administrative Navigation

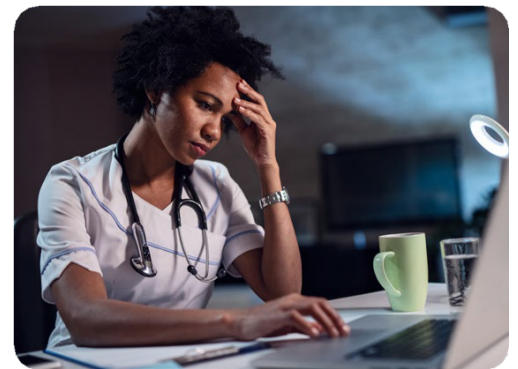
- provide process and approval information
- include reasoning when denying requests
- announce rule changes in advance
- list drugs, devices, and services that require utilization management



**98% of providers report care delays due to prior authorization process**



**89% of providers report prior authorization at least sometimes leads to treatment abandonment**



**60% of practices have staff who work exclusively on utilization management**

# One Patient's Story

For the last 25 years I have battled to find relief from psoriasis, and recently from inverse psoriasis. The stress of being a teacher exacerbated my autoimmune disease and, for my health, I left my classroom to investigate why I also had pain in my neck, shoulders, and arms.

In 2017 I was diagnosed with psoriatic arthritis, specifically enthesitis.

Finding the right medication presented challenges. After purchasing a marketplace insurance plan, my doctor prescribed medication known to work well for my conditions, but it was denied, and I had to go through step therapy.

First, I was placed on a drug known to treat cancer, but to help enthesitis symptoms. After no progress, I was required to try a TNF inhibitor, which also doesn't help enthesitis. After 7 months and two steps I was finally put on a drug that brought some relief. No one should have to withstand months of mental and physical pain and be forced to lose their job because they are unable to get the proper treatment.

—Kendra Wollert, Corvallis



