Testimony on House Bill 4102 A
February 25, 2020
Senate Committee on Health Care
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Good afternoon Chair Monnes Anderson, Vice Chair Linthicum, and members of the committee. My name is Deborah Riddick. I am the Director of Government Relations for the Oregon Nurses Association (ONA). We represent 15,000 registered nurses throughout the state, as well as our member organization, the Nurse Practitioners of Oregon. The ONA supports HB 4102 A, which would require coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization.

Utilization management practices, such as prior authorization (PA) and step therapy (ST) are important tools to contain costs and ensure quality of care. However, they can often result in delayed treatment, abandonment of treatment and higher administrative burdens. PA is a process that requires provider offices to ask permission from a patient's insurance company before performing certain medical procedures or prescribing certain medications. ST protocols require patients to try and fail certain therapies before qualifying for others. House Bill 4102 A seeks to ensure that utilization management protocols are fair, transparent, evidence-based, and best support the health needs of the patient. The key concerns addressed by HB 4102 A are to prevent treatment delays and treatment abandonment.

The ONA supports HB 4102 A because it allows primary care providers and specialists, who have a deeper knowledge of the patient's condition, lifestyle, and psychosocial factors, to work in collaboration with the patient to determine a treatment option. Pharmacists are an important part of the care team, their expertise in pharmaceutical treatment and contraindications are invaluable. Under our current system of care, pharmacists are not recognized as primary care providers and should not supplant the judgement of those licensed by the State for that purpose.

The ONA supports HB 4102 A because it ensures that once a course of treatment is determined appropriate, within an established patient-provider relationship, an administrative coverage rejection won't halt treatment and adversely impact patient care; the burden is appropriately placed on the denying plan to justify the denial. Human interest should always be given deference over administrative burden. A patient's relapse or avoidable complication is a cost too high to pay.

The ONA supports HB 4102 A because it requires a prior authorization determination to be binding on the insurer if obtained up to 60 days prior to the service, giving patients adequate time to consider options and, if necessary, to transition treatment with the less disruption. Should carriers experience challenges with patients moving between plans because of varying utilization standards, regulating consistent utilization standards across all plans may remedy the problem, particularly if failing to do so results in increased costs for payers and the carriers.

Patients need predictability, ease in access to appropriate treatment options, and a system that doesn't require inappropriate treatment to accommodate industry convenience, or desire to remain fixed, as the health care landscape rapidly evolves. We urge your support of HB 4102 A.