

While prior authorization serves to control health care costs, it can also act as a barrier to accessing care among our most vulnerable Oregonians. The collection of prior authorization data from coordinated care organizations is essential for the Oregon Health Authority to assure, monitor, and improve the quality and availability of services for OHP members.

There is undoubtedly a need to develop and implement a streamlined prior authorization process across all CCOs. Prior authorization is burdensome, delays care and often places the onus on the patient to access needed care, especially in underserved and disadvantaged communities. For example, in rural areas with limited resources and capacity, providers may be unaware of - due to perceived or actual lack of - availability of local services to refer patients or clinics without a dedicated referral coordinator leave it up to the patient to locate OHP-contracted service providers and schedule appointments).

The information CCOs provide will enable the OHA to more effectively identify and meet the needs of the Medicaid population, providers and system, adopt best-practices, and address opportunities for improvement to eliminate service gaps and other barriers to accessing care.

Ultimately, this bill will help advance health equity in Oregon and further demonstrate the benefit of implementing the CCO model to achieve the Triple Aim: Better Health, Better Care, Lower Costs.

Please help to improve access to care by voting in support of HB 2517.