

Submitter: GWENDOLYN DERK
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB3134

As a practising internal medicine physician in the state of Oregon, I have had countless delays and denials of needed patient care due to the laborious prior authorization processes. The process is filled with so much red tape that it puts a massive burden on overworked healthcare staff to fight and process appeals. There is often no clarity on what needs to be submitted in order to achieve approval and the back-and-forth between staff and insurance takes weeks to months and ultimately results in denied and delayed care if staff becomes too overburdened to pursue an appeal to the point of peer-to-peer conversations. This process is in dire need of transparency. A public-facing website that allows us to know what clinical criteria are needed for each service code will greatly help to prevent delays in healthcare. This data should be publicly available.

Furthermore, the amendments by the Oregon Medical Association should be seriously considered. There are several thoughtful and useful amendments including one that gives a lot back to the insurance companies and allows them the freedom to come up with their own gold card eligibility criteria. This is a win for both providers and insurance companies alike.

This would ideally come with a price estimation for patients as well since there is currently no way for physicians nor patients to know the cost burden to the patient.