

## **Carrier Confirmation on HB 3134**

April 23, 2025

Rep. Bowman and Members of the Committee,

We are writing to confirm our understanding of the amendment in development on HB 3134 and the intent of the amendment:

Prior authorizations are critical to ensuring our members receive safe, effective, and cost-efficient health care. Prior authorizations help our members receive the right care, at the right time, in the right setting at a cost they can afford.

HB 3134 has undergone significant changes since the start of session. We are working with proponents on an amendment that will address three things:

- 1) Enhanced reporting: The amendment will require payers to report enhanced prior authorization metrics across several categories, consistent with and aligned with final rules issued by the federal Centers for Medicare and Medicaid Services (CMS) and published in the Federal Register (see 89 FR 8758). This reporting will be part of an aggregated public report produced by the Department of Consumer and Business Services that will present the data in a deidentified and aggregated manner such that individual payer metrics will not be published.
- 2) Surgical procedures: We are working on key changes to the section around prior authorization for additional or related procedures during an approved surgical procedure that will align with existing billing requirements. The intent here will be to ensure that payers do not require prior authorization for additional surgical procedures undertaken during approved surgical procedures for which patients have given consent. These claims will still be subject to ordinary benefit and claims processing procedures, including ensuring that the procedure was covered, medically necessary, and not investigational.
- 3) Electronic prior authorization: We are working on key changes to the electronic prior authorization section to align with adopted federal requirements. These requirements are intended to fully align with final rules issued by CMS and published in the Federal Register (see 89 FR 8758), including adopting the same timeline, requirements, and exclusions from the federal law.

Thank you very much for your consideration of our comments.

Regence BlueCross BlueShield of Oregon  
Cigna Health Plans  
PacificSource Health Plans

Kaiser Permanente

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