



The Honorable Laurie Monnes-Anderson, Chair  
Senate Committee on Health Care and Human Services

April 9, 2013

RE: Support Senate Bill 382

Dear Chair Monnes-Anderson and members of the committee:

On behalf of the Osteopathic Physicians and Surgeons of Oregon (OPSO) and the over 900 osteopathic physicians, residents and students in Oregon we represent, I would like to express our support for the development of a standardized prior authorization form through Senate Bill 382.

We should embrace all opportunities that can reduce the administrative burdens on Oregon physicians and allow them to spend more time in direct patient contact; specifically in primary care fields. As you know, osteopathic physicians have a strong history of serving in primary care. About 60% of the osteopathic physicians in Oregon are in primary care specialties. Unfortunately, the number of students choosing to enter into primary care specialties has been steadily decreasing for a number of reasons, one of which is the heavy administrative burden on primary care practices.

Students from the new osteopathic medical school, COMP-Northwest, will soon begin their clinical training in Oregon. In this training, students not only advance their medical knowledge and clinical experience, but they begin to explore their specialty focus. By reducing the administrative burden in primary care practices, students can have a more positive clinical experience and understand the state supports a robust primary care physician network.

Currently, Oregon insurers may withhold payment for a specific treatment that may be prescribed by a physician unless that treatment has been preauthorized by the insurer. In these instances, physicians must complete a prior authorization process in order for the treatment to be covered. The process may include completing a form, filling out an online questionnaire, speaking on the phone with an insurance company representative, a combination of these, or other requirements as deemed necessary by the insurer.

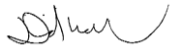
The prior authorization procedures and forms can be lengthy, time-consuming, and confusing. Often these forms are not only problematic for physicians; they can be a major barrier to patient access and appropriate treatment. A standardized form for prior authorizations would significantly streamline this process, eliminate confusion between the myriad of payer required forms, and create greater efficiencies in the health care system.

Senate Bill 382 would allow for the creation of a standardized prior authorization form that insurers must accept when requesting prior authorization for a specific treatment. This would not in any way inhibit insurers' use of prior authorizations, and would help reduce the administrative burden on physicians and staff by reducing the multitude of forms that must be completed in these cases.

Passage of Senate Bill 382 would be a positive step in our state's effort to create better administrative efficiencies. Though we think much work must still be done in this area and have concerns over the general prior authorization process and "fail first" procedures, a standardized prior authorization form would have an immediate effect once implemented and could be a starting point for additional work in administrative simplification efforts.

I ask for your support in passing Senate Bill 382.

Sincerely,

A handwritten signature in black ink, appearing to read "David Walls", written in a cursive style.

David Walls  
Executive Director