

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action: Do Pass as Amended and Be Printed Engrossed

Vote: 4 - 0 - 1

Yeas: Knopp, Kruse, Shields, Monnes Anderson

Nays: 0

Exc.: Steiner Hayward

Prepared By: Sandy Thiele-Cirka, Administrator

Meeting Dates: 4/9, 4/16

WHAT THE MEASURE DOES: Directs Department of Consumer and Business Services (DCBS) and Oregon Health Authority (OHA) jointly develop form that health care providers in Oregon must use to request prior authorization for prescription benefits. Requires health care providers and all health benefit plan insurers, public and private, use form. Adds requirement that form include space for additional necessary information. Operative date of July 1, 2015. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Different form for each insurance company
- Need for system efficiency
- Complexities of non-uniform system
- Requirement for providers to use standardized form
- Prescription authorization complexities
- Proposed amendment

EFFECT OF COMMITTEE AMENDMENT: Replaces the measure.

BACKGROUND: Currently, insurance providers require prior authorization forms for certain medications. Often, the providers will have different forms for different medications; additionally, different insurance providers have different forms. The result is that providers generally have dedicated staff to determine the appropriate prior authorization form to use for any given insurance company. Recently a number of insurance providers in Oregon have voluntarily reduced the number of prior authorization forms they require from providers; however there are still insurance providers that have multiple forms.

Senate Bill 382-A simplifies the form to a uniform design and length to reduce the administrative costs associated with prescribing medications that require prior authorization from insurance providers.