

## **Open Government Impact Statement**

80th Oregon Legislative Assembly 2019 Regular Session

Measure: SB 139 - A

Only impacts on Original or Engrossed Versions are Considered Official

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## SUMMARY

<i>Imposes restrictions and reporting requirements for utilization management of health services by commercial insurers, coordinated care organizations and state medical assistance program.</i>

Creates new requirements applicable to prior authorization, step therapy and other utilization review policies and procedures on insurers offering health benefit plans and health insurance, medical services contracts, multiple employer welfare arrangements, health care service contracts and pharmacy benefit managers. Extends from 30 to 90 days period during which insurer's approval of prior authorization is binding on insurer.

Authorizes provider to act on behalf of enrollee, upon request of enrollee, with respect to internal appeals and external reviews of adverse benefit determination concerning utilization review.

Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization.

## NOTICE OF <u>NO OPEN GOVERNMENT IMPACT</u>