



**Testimony of
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President and CEO
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House Insurance Committee**

Chairwoman Sears, Vice Chair Brinkman, Ranking Minority Member Bishoff, and members of the House Insurance Committee, on behalf of the Ohio Association of Health Plans (OAHP), thank you for the opportunity to testify before you today on Substitute Senate Bill 129 (SB 129). I am Miranda Motter, President and CEO of OAHP.

OAHP is the leading state trade association representing the health insurance industry. OAHP members provide health benefits to more than 9 million Ohioans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare, Medicaid and the Health Insurance Exchange marketplace. Our members offer a broad range of health insurance products to Ohioans in the commercial marketplace and are committed partners in public programs.

On behalf of OAHP, I would like to highlight the following:

- We continue to appreciate all of the work that has been done today on this bill.
- Just a couple of weeks ago, I stood before this panel and mentioned how challenging these discussions have been. I cannot overstate how true that is.
 - o First, Senate Bill 129 is the most comprehensive prior authorization bill that has been considered in any single state; furthermore, no other state has passed a law that requires a year-long prior authorization for drugs.
 - o Second, It has been particularly challenging to craft policy solutions based on anecdotal stories or examples without facts. However, we've done just that.
- OAHP would request that today's proponents provide the SB 129 interested parties with specific information and cases relative to the numerous examples they state that they have. We welcome the opportunity to explore such examples in order to further understand the providers' experiences and issues with the prior authorization process. It

is important to mention that this is the first time we're hearing examples from Girrish Dighe, the pharmacist from OhioHealth Pharmacy System. Moreover, while Kathy Corbett participated in a couple of the interested party discussions in the Senate, neither OAHP nor the other interested parties were ever provided information we requested to understand and evaluate the problems she said she was experiencing.

- I wanted to address the comment made that all plans have different turn-around times. This statement is somewhat misleading, as there are standard turn-around times today – under both state law and under national accreditation standards. Plans must adhere to these standards or run the risk of market conduct exams, potential termination of licensure or potential termination of national quality accreditation.
- Additionally, OAHP continues to work with stakeholders on the turn-around time provisions. Thus far, we have used the following lenses to examine potential policy solutions:
 - o Mitigate the unintended risk of increased denials;
 - o Increase provider accountability and responsibility to submit the information necessary to support the prior authorization request submitted;
 - o Ensure that eligible members medically appropriate covered services; and
 - o Mitigate potential increase to health care costs for Ohio's health care consumers.
- OAHP has brought a number of policy solutions and recommendations to the table in order to remain active in good-faith discussions on these issues.
- OAHP will continue to work very hard on this bill and all of the complex issues contained in it.
- Thank you for the opportunity to appear briefly before you this morning and I am happy to answer any questions you might have.