



Written Testimony Regarding Prior Authorization in SB 129
Ohio House Insurance Committee
May 24, 2016

The American Cancer Society Cancer Action Network (ACS CAN) thanks you for the opportunity to provide testimony on SB 129. ACS CAN supports efforts to ensure prompt patient access to life-saving medications by streamlining and standardizing the prior authorization process.

ACS CAN supports legislation to streamline the prior authorization process so that it is a timelier and more transparent process for patients and their family members. The current state of prior authorization in Ohio is confusing and time consuming for providers and can delay care to patients. For the 66,020 Ohioans who will be diagnosed with cancer this year, **ANY** delay in access to the right care or medication can make a difference in their chances of survival as well as their quality of life.

ACS CAN supported the Senate version of SB 129 but is deeply concerned about conversations to lengthen the timeframe for insurers to respond to prior authorization requests. The best case for cancer patients would be for SB 129 to require insurers to respond to urgent prior authorization requests within 24 hours and non-urgent requests within 72 hours.

SB129 makes the prior authorization system more efficient by allowing providers to use a web-based system and guaranteeing turnaround time for prior authorization requests. SB 129 makes the prior authorization system more transparent by requiring insurers to post requirements on insurers' websites. SB 129 makes prior authorization more equitable by guaranteeing that once an insurer has approved a prior authorization request, the insurer cannot retroactively deny coverage.

Electronic prescribing and electronic transmission of standardized prior authorization requests, along with requirements for timely processing of requests, have the potential to expedite approval, prevent delays in patient care, and reduce administrative barriers that undermine access to timely treatment.

Waiting for prior authorization for a prescription drug can interfere with a cancer patient's course of treatment or significantly impact their quality of life. Due to this, the best case for cancer patients would be for SB 129 to require insurers to respond to urgent prior authorization requests within 24 hours and non-urgent requests within 72 hours. This shift would be in line with Medicaid and Medicare Part D prior authorization guidelines.

We ask that you amend SB129 to require that plans respond to urgent prior authorization requests within 24 hours and non-emergent requests within 72 hours. This will ensure that cancer patients have the timeliest access to the procedures and medication that they need. With this change, SB 129 will improve the prior authorization process, reduce administrative burdens on physicians, and improve timely access to care for cancer patients.