



**Proponent Written Testimony  
HB 130 – Prior Authorization Gold Card  
Ohio House Insurance Committee**

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Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda and members of the House Insurance Committee, thank you for the opportunity to submit our comments in support of House Bill 130, the prior authorization “gold card” legislation on behalf of Central Ohio Primary Care Physicians (COPC). COPC is the largest primary-care physician group in the country and employs over 400 physicians who serve more than 450,000 patients in Franklin and surrounding counties. Dr. McClellan worked as a pediatrician for over 20 years before becoming a Medical Director and now serves as Senior Medical Director for COPC. Dr. Stone also practiced for over 20 years before becoming a Medical Director in 2017. He transitioned into his current role as Chief Medical Officer in November 2022.

Prior Authorization is an incredibly far-reaching issue that impacts health care providers across the spectrum of specialties in Ohio, including our primary care physicians and providers working with COPC. The way prior authorization is currently utilized has become incredibly burdensome for health care providers, and this has considerable negative impact not only on their ability to deliver care to the patients they serve, but also can hurt patients on an individual level by leading to significant care delays, adverse health events, or even treatment abandonment.

We would like to emphasize the need for this legislation from the primary care perspective. Primary care physicians advocate for their patients and find the current system very frustrating in that important care is at a minimum delayed and at worst left undone. For companies like COPC, which works in the population health / value based care space, physicians are already incentivized to provide great care and avoid waste. So, prior authorization programs only impede care and serve no other purpose for this group. Even for groups which are not incentivized for value, however, prior authorization simply delays needed care.

A patient example or two can help. Here are two recent stories:

Patient with multiple medical problems including being on parenteral nutrition (being fed by IV infusion) with frequent kidney infections leading to sepsis. Her PCP has successfully kept her out of the hospital with a system of checking urine frequently. She recently grew multi-resistant bacteria and with her drug allergies she needed an expensive medication called Linezolid. The paperwork was completed on 5-31 and it was denied. An urgent appeal was made. The insurance company de-escalated the appeal as “not life threatening.” The patient called our

after-hours clinic with symptoms and someone found coupons and a pharmacy that had the medication which could be crushed and put in the patient's g-tube. Although not as good as IV treatment, that was the best that could be done as insurance was not responding to the importance of the issue. As of last week, the patient had not been hospitalized but this could easily have happened.

Another example is a patient on insulin pump for 10 years. Prior Authorization was requested by insurance after visit on 4-25. This was denied. Appeal letter sent, appeal denied. The physician tried unsuccessfully to reach anyone to authorize with a peer-to-peer discussion but was oddly referred to the Ohio Department of Insurance - and of course was told there is nothing that they can do. As this happened, insulin was running out for the patient. She was supplemented on non-insulin-pump insulin to keep her alive. This went on for at least 3 weeks, putting the patient in danger and wasting a huge amount of physician time.

The above examples both happened to be regarding medications but this occurs for procedures and testing as well. There are many instances where a patient in need of a stress testing with imaging is denied or delayed.

It is our firm belief that reform to the prior authorization process, such as through the provisions of HB 130, is not only reasonable and logical, but necessary in order to improve health care for Ohioans in communities across the state. This problem must be addressed in order to better enable our physicians and their staffs to do their jobs efficiently and effectively.

COPC urges the committee to support HB 130. Thank you again to the members of the committee for the opportunity to provide testimony on this important issue.