



June 7, 2023

Chair Lampton, Vice Chair Barhorst, Ranking Member Miranda and members of the House Insurance Committee, thank you for the opportunity to submit testimony in support of House Bill 130.

OhioHealth is a 14-hospital healthcare system that has served the central Ohio community since 1891. We are a family of 35,000 associates, physicians, and volunteers with over 50 ambulatory sites, hospice, home-health, medical equipment, and other health services spanning a 47-county area throughout Ohio. Our presence is not just in Columbus but extends regionally, northward into Richland County and as far south as Athens County, westward into Van Wert and as far east as Guemsey County.

HB 130 is legislation that would directly benefit patients across Ohio, some of whom are almost certain to also be your constituents. First and foremost, this bill is about ensuring our patients receive the services and medication they need without first having to clear unnecessary bureaucratic hurdles.

I am certain you will hear about administrative burdens either imposed or relieved by HB 130. From people like me who oversee revenue cycle departments at large healthcare systems, you will hear that this bill will ease administrative burdens on our staff who must navigate prior authorization requirements; conversely, I'd surmise you will hear from health insurers about the new administrative burdens that HB 130 will force on their operations.

My humble suggestion is that when deliberating this bill, the committee focus intently on the benefit to patients.

For context, however, is important to understand that prior authorization denials are a tactic used to delay payment for medically necessary healthcare services rendered. For example, inpatient authorization denials are ~76% of all inpatient denials, and outpatient authorization denials are ~65% of all outpatient denials.

I would also like to note that OhioHealth spends approximately \$4 million annually just to fight prior authorization denials. With HB 130 – specifically with the "gold card" provision that would exempt a healthcare provider from prior authorization requirements when at least 80% of the healthcare provider's requests for a service, device, or drug within the prior 12 months have been approved, our teams will see immediate relief.

Moreover, at a time when our nurses are stretched thin, HB 130 would free up many of our nurses to return to the bedside – where they want to be – instead of in the back-office tolling away on prior authorization requests.



I appreciate the committee's consideration of HB 130 and respectfully urge its favorable passage.

Sincerely,

A handwritten signature in black ink, appearing to read "Girish Dighe", written in a cursive style.

Girish Dighe
Vice President, Revenue Cycle