## 69th House District

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# Kevin D. Miller State Representative

**TO:** House Insurance Committee

FROM: State Representatives Kevin Miller

**DATE:** May 20<sup>th</sup>, 2025

**RE: HB214 Sponsor Testimony** 

Chairman Lampton, Vice Chair Craig, Ranking member Tims, and members of the House Insurance Committee,

Good morning, and thank you for allowing me to present sponsor testimony on House Bill 214, which establishes mandatory exemptions to prior authorization requirements for Health Care Providers.

This practice is commonly known as "Gold Carding." The purpose of this legislation is to create a system that rewards high performing health care providers who are consistently adhering to evidence-based medicine, yet are severely burdened by the current process of prior authorization.

This system would provide a "gold card" to these high performing providers that have been approved at a rate of at least 90% when prescribing a specific service, device, or drug during the prior 12-month period. This gold card would allow these providers to prescribe the specific health care service, device, or drug instantly, without having to be burdened by prior authorization.

To be clear- this legislation in no way is attempting to get rid of the prior authorization process. When the process was first created, it was successfully used as a mechanism to control costs in the healthcare system. However, it has now become overused and burdensome in many cases.

# For example-

- 93% of physicians report care delays as a result of prior authorizations.
- 82% of physicians report that prior authorization can lead to treatment abandonment.
- 34% of physicians reported that prior authorization has led to a serious adverse event for their patients.
- 24% of physicians reported that prior authorization has led to a patient's hospitalization.

- 51% of physicians treating patients in the workforce report that prior authorization has interfered with a patient's ability to perform their job responsibilities.
- 88% of physicians describe the prior authorization burden as high or extremely high. (Data comes from the 2021 AMA Prior Authorization Physician Survey.)

In closing, House Bill 214 streamlines the prior authorization process in limited cases to eliminate unnecessary red tape that has burdened the health care provider community and their patients for far too long. Last general assembly, we had over 30 organizations supporting this legislation from provider groups including the Ohio State Medical Association, to hospitals, and most importantly, several patient advocacy groups. We anticipate even more groups to support this general assembly. My office has shared with the committee a consensus statement from several health care providers in hopes that it will assist you to understand why this legislation is necessary. At the end of the day, the goal is to ensure our health care providers can deliver the best care possible for their patients while still allowing cost oversight by insurance providers.

Chairman Lampton, Vice Chair Craig, Ranking Member Tims, and members of the House Insurance committee, thank you for allowing me to provide sponsor testimony today on House Bill 214. I am more than happy to take any questions you may have.

Representative Kevin D. Miller

Ohio House District 69

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