

American College of Obstetricians and Gynecologists (ACOG)  
supports  
House Bill 130, Introduced by Representative Kevin Miller

House Bill 130 establishes a mandatory exemption to prior authorization requirements for Health Care Providers. This practice is commonly known as “Gold Carding.”

The bill creates a system that rewards high performing health care providers who consistently adhere to evidence-based medicine yet are severely burdened by the current process of prior authorization. The provisions of HB130 would provide a “gold card” to high performing providers that have been approved at a rate of at least 80% when prescribing a specific service, device, or drug during the prior 12-month period.

This “gold card” would allow providers to prescribe the specific health care service, device, or drug, without having to be burdened by prior authorization.

HB 130 would not eliminate 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.

According to the 2021 AMA Prior Authorization Physician Survey

- 93% of physicians reported care delays as a result of prior authorizations.
- 82% of physicians reported that prior authorization can lead to treatment abandonment.
- 34% of physicians reported that prior authorization has led to a serious adverse event.
- 24% of physicians reported that prior authorization has led to a patient’s hospitalization.
- 88% of physicians describe the prior authorization burden as high or extremely high.

The provisions of the bill:

- \* Requires health insurers and the Ohio Department of Medicaid (ODM) to make prior authorization data available on their websites.
- \* Requires health insurers and ODM to exempt a healthcare provider from prior authorization requirements when at least 80% of the healthcare provider’s requests within the prior 12 months have been approved.
- \* Permits healthcare providers to request evidence from a health insurer or ODM which supports the insurer’s or ODM’s decision to deny an exemption, and to appeal that decision.
- \* Prohibits health insurers and ODM from requiring that healthcare providers initiate a request as a condition of receiving an exemption.
- \* Permits health insurers and ODM to review exemptions after 12 months and establishes guidelines for the exemption review process.
- \* Permits a healthcare provider to appeal an exemption revocation.
- \* Makes repeated violations of the bill a violation of the Consumer Sales Protection Law (CSPL).

The Ohio Section of the American College of Obstetricians and Gynecologists urge passage of House Bill 130 which streamlines the prior authorization process and eliminates unnecessary red tape that has burdened the health care provider community and their patients for far too long.