

May 22, 2024

The Honorable Brain E. Lampton
Chairman, Ohio House Insurance Committee
The Ohio Statehouse
1 Capitol Square
Columbus, Ohio 43215

RE: HB 130: A bill to establish an exemption to prior authorization requirements

Dear Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and Honorable Members of the Committee:

My name is Dr. Katelyn Krivchenia and I'm a pediatric pulmonologist at the cystic fibrosis (CF) care center at Nationwide Children's Hospital and an Associate Professor of Pediatrics at The Ohio State University College of Medicine. I am also the Director of the Infant CF Clinic and Newborn Screening Program. I testify today to comment on HB 130, which would help streamline the prior authorization (PA) process by implementing a "gold carding" program for eligible physicians. While I support this committee's goal of improving the PA process, I ask that you amend this bill to ensure more appropriate utilization of this physician exemption from PA requirements. By doing so, you will allow providers like me to spend more time on patient care, rather than paperwork, and ensure more timely and consistent access to critical therapies for Ohioans living with CF.

About Cystic Fibrosis

Cystic fibrosis is a life-threatening genetic disease that causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to serious infections. CF care is grounded in evidence-based clinical guidelines and as a complex, multi-system disease, CF requires an intensive treatment regimen including multiple medications. For people with CF, it is not uncommon to take seven therapies every day, and as many as twenty.¹ Many medications are taken year after year, and in most cases, for life.

Impact of Prior Authorizations

PAs can cause significant administrative burden for CF providers like me and my care team and are often redundant for medications that people with CF must take indefinitely to maintain their health. The time and resources required for prior authorizations is one of the biggest barriers that my staff and I face in supporting access to care and treatment. This arduous process diverts valuable time and resources away from direct patient care.

Prior authorizations can also cause delays in care for patients. Because CF is a progressive disease, patients who delay or forgo treatment—even for as little as a few days— face increased risk of lung exacerbations, costly hospitalizations, and potentially irreversible lung damage.

Comments on HB 130

HB 130 exempts providers from PA requirements if 95 percent of their requests were approved in the previous 12 months—a practice known as gold carding. Once providers obtain a gold card, they would be exempt from having to request PAs for a healthcare service for at least the next year. Because cystic fibrosis requires highly specialized care and treatment, most people with CF receive care at a CF

Foundation-accredited care center like Nationwide Children's— which provide specialized CF care based in clinical guidelines. If my CF care team or I received an exemption, we could spend more time on patient care instead of paperwork and, most importantly, people with CF could avoid delays in care.

While I support gold carding as a tool to help deliver better care for patients across Ohio, I encourage this committee to reduce the rate required for a gold card to 80 percent, as specified in the original bill. The current approval rate of 95 percent is overly restrictive, functionally only allowing for one denial out of every 20 requests submitted. This threshold risks excluding experienced physicians with specialized knowledge of CF from receiving an exemption.

CF care consists of many chronic specialty medications with strict prior authorization requirements. There are many instances of initial denials of clinically appropriate PA requests that are later approved. For example, prior authorization criteria can vary from plan-to-plan and even year-to-year within the same plan; physicians are required to frequently adapt to ever-changing PA requirements for the same medication and may incorrectly fill out the PA forms as the requirements change. Additionally, there is a lag between label expansions and payer coverage for new populations—meaning physicians sometimes submit clinically valid requests that are denied because coverage policies have not yet been updated. Further, on occasion, payers put clinically inappropriate PA coverage criteria in place for CF medications. In those scenarios, physicians may be denied gold carding when the payer is the one causing an unnecessary barrier to care.

Thank you for the opportunity to provide testimony to this committee today about HB 130. If amended, HB 130 will make prior authorization processes more transparent and efficient for providers and ensure access to care for my CF patients and other children with lung disease across Ohio.

Sincerely,

Katelyn Krivchenia, MD
Pediatric Pulmonologist, Pulmonary Medicine at Nationwide Children's Hospital
Associate Professor, The Ohio State University College of Medicine
Director of Infant CF and Newborn Screening Clinic