Prior authorization blocks access to medically necessary health care services

Please support HB 2837/SB 6157

Problem:

- Insurance for occupational, physical, massage and speech therapy, chiropractic, and East Asian medicine are considered "limited benefits" under most insurance plans as they are subject to visit limits that vary by plan. A physician or primary care provider referral is often required.
- Even with a referral, some health care insurers do not cover the number of visits prescribed. Instead, these insurers, using third party administrators, authorize a very small number of initial visits and require repeated reauthorizations for medically necessary additional visits. Both factors compromise the integrity and value of the very services that insurers are paying for by creating a "start/stop" treadmill that hinders patient progress, and adds a substantial and unnecessary administrative burden on providers.
- Three examples of the negative impact of the "start/stop" treadmill:
    - Parents of children with autism or other chronic conditions may find their children's therapy is interrupted and delayed over and over by insurance company requirements to re-authorize treatment. This is both harmful to their children, as well as costly to the health care system when medically necessary services are delayed.
    - Most therapies are meant to be used for an intense but short period of time to maximize healing and recovery. With a "start/stop" treadmill of authorizations, you lose the value of the therapy and end up spending more money for less effective treatment.
    - The opioid epidemic has highlighted the need for alternatives such as acupuncture, physical therapy, massage, chiropractic, etc. for chronic pain patients. However, the reauthorization treadmill created by some insurers would prevent these services from being utilized as an alternative.

Solution:

- HB 2837/SB 6157 would protect patients' ability to get an initial evaluation and up to 12 consecutive treatment visits, if those treatments were medically necessary and within the quantitative limits of the health plan.
- This reasonable solution will allow patients to receive medically necessary, value-based care, and make meaningful improvements toward recovery, thereby reducing the overall costs of health care.

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