Ohio State Medical Association

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Proponent Testimony – HB 220: Prior Authorization
Ohio House Insurance Committee
Presented by Brad Fuller, MD
Ohio State Medical Association

October 28, 2025

Thank you, Chair Lampton, Vice Chair Craig, Ranking Member Hall, and members of the Committee for the opportunity to provide testimony today. My name is Dr. Brad Fuller and I am a pediatric physician practicing in central Ohio and a member of the Ohio State Medical Association.

I would like to provide a look at this issue from the perspective of a primary care physician, and illustrate how the prior authorization process not only frustrates us and our office staff by creating immense administrative hassle, but also wastes our critical time and resources, directly impeding our ability to provide necessary care to our patients. These issues truly have a far-reaching, real-world impact on physicians, medical practices, and patients.

The American Medical Association's 2024 Prior Authorization Physician Survey reflects this extreme burden. In this survey, 93% of physician respondents reported that prior authorization delays access to necessary care. Additionally, survey results indicated that physicians and their staff on average spent about 13 hours each week on completing prior authorizations, and 40% of physicians reported their practices having to hire staff to work exclusively on prior authorizations.

The initial prior authorization request is enough of a hurdle on its own, but then, even when we have satisfied the documentation requirements to get that prior authorization approval, insurers can still decide to back out and deny the prior authorization approval retroactively. They do so often citing vague, ambiguous reasons that are difficult for our offices to figure out how to successfully appeal. It is unacceptable to have so many medically necessary treatments and procedures get the green light from health plans, only for the plans to just go back on that decision arbitrarily. HB 220's prohibition of retroactive denials would bring relief in many of these circumstances.

During the prior authorization process, many physicians have to participate in a peer-to-peer review. In fact, in the AMA Survey, 56% of physicians indicated that utilization of peer-to-peer review by insurers has increased in the last 5 years. These reviews require the physician to speak directly to a representative from the health plan, which as you can imagine, is disruptive to a physician's busy schedule of patient appointments and can consume a significant amount of our valuable time. Unfortunately, only 16% of physician respondents reported that the insurer's "peer" reviewer either often or always had the appropriate qualifications. HB 220 would help to remedy this problem and create a peer-to-peer review system that is much more accurate and fair in its prior authorization determinations.

Lastly, in my own practice, I have personal experience with being required to undergo a new prior authorization process for a dosage adjustment on a previously approved maintenance drug for a chronic

condition. Children with persistent asthma need to use daily controller medications to keep their asthma in check. Unfortunately, nearly all these inhalers are only available as branded medications, and therefore require prior authorization. Asthma is a chronic condition that may get worse at certain times of the year and necessitate an increased dose for only a month or two. Recently, I had a young patient whose asthma had gotten much worse during the prior spring allergy season. This past spring, I prescribed a higher dose of their medication to prevent a similar outcome. With the dose change, another prior authorization was required, and it took time to get approval. While waiting, my patient had to use the lower dose of their medication more often, and eventually ran out of medicine. Wheezing and short of breath, they came to see me and needed a treatment of oral steroids (which have much more significant side effects) in the hope of avoiding an emergency room visit. I believe this is why we need the provisions in HB 220 to protect patient access to their necessary medications in situations like these.

Thank you again for the opportunity to testify this morning in support of HB 220. At this time, I would be happy to answer any questions from the Committee.