

Hi Representative Prax,

Thank you for taking the time to meet yesterday. I am following up related to **HB 187 on prior authorization**.

Here is the link to the federal [CMS rule on interoperability and prior authorization](#) that was finalized in January 2024. Here is a link to the [CMS Fact Sheet](#).

At a high level, the rule focuses on efforts to **streamline and simplify prior authorization processes** through **policies and new technology** that health plans will make available for providers. There will be a new **electronic prior authorization process** integrated into the provider's electronic medical record, and there are new **turnaround timeframes for prior authorization decisions**.

The rule adds new provisions to increase data sharing and reduce overall health plan, healthcare provider, and patient burden through improvements to prior authorization and data exchange practices. Generally, some of the operational provisions will be implemented starting January 1, 2026.

Given these new efforts, we suggest allowing time for this implementation before creating new requirements. And, the state should seek to align to the new federal requirements to minimize duplication or conflicts.

UnitedHealthcare has already implemented efforts to [reduce prior authorizations](#) and will be announcing new programs later this year to simplify processes for providers and patients.

Please reach out any time if you have any questions.

Thank you!  
Sheela

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