

More resources in support of HB 187.

- McKinsey suggests 5-10% savings with gold carding for physician and payers (page 37): <https://www.mckinsey.com/~media/mckinsey/industries/healthcare%20systems%20and%20services/our%20insights/administrative%20simplification%20how%20to%20save%20a%20quarter%20trillion%20dollars%20in%20us%20healthcare/administrative-simplification-how-to-save-a-quarter-trillion-dollars-in-us-healthcare.pdf>
- <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2810782> In this serial cross-sectional study of Medicaid PA policies for buprenorphine for OUD, removal of PAs was not associated with overall changes in buprenorphine prescribing among Medicaid enrollees.
- <https://pubmed.ncbi.nlm.nih.gov/23697475/> This study found higher plan-paid health care costs (overall and medical alone) among members who requested a type 2 diabetes medication requiring PA, but never received it, compared with those who qualified for and received the requested medication.
- https://ps.psychiatryonline.org/doi/10.1176/ps.2009.60.4.520?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed A study of PA applied to second-generation antipsychotic and anticonvulsant drugs for those with bipolar disorder in the Maine Medicaid program found an eight-percentage point reduction in use of these drugs but no increase in use of preferred agents. The study found a small decrease in total drug spending for bipolar disorder (\$27 per patient) but a significant increase in risk of treatment discontinuation.
- Decreased emergency and inpatient visit without PA: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764598>
- ASCO shows increased patient OOP costs: <https://old-prod.asco.org/news-initiatives/policy-news-analysis/nearly-all-oncology-providers-report-prior-authorization#:~:text=Prior%20authorization%20is%20harming%20individuals,from%20ca ring%20for%20their%20patients>