



**KANSAS ACADEMY OF
FAMILY PHYSICIANS**
CARING FOR KANSANS

Testimony: HB 2283 (proponent)
House Committee on Insurance
February 20, 2023
By: Doug Gruenbacher, MD (via WebEx)

Chair Sutton and Members of the Committee:

Thank you for the opportunity to present testimony today. My name is Doug Gruenbacher, and I am a board-certified, full-scope family physician, practicing in Quinter. I am testifying in support of HB 2283 on behalf of the Kansas Academy of Family Physicians (KAFP). The KAFP represents nearly 2,000 family physicians, resident physicians and medical students across our state. Providing quality health care and health outcomes for our patients is what guides our public policy agenda.

As physicians, we understand the rationale for a prior authorization process that allows insurance companies to appropriately manage costs and potential efficiencies. However, prior authorization is often needlessly burdensome and can present a significant impediment to optimal patient care. It can cause delays in medically necessary care, which may detrimentally affect patient health and finances. Excessive prior authorization requirements also create significant administrative challenges for physicians by consuming time that would otherwise be devoted to patient care.

Patients experience the prior authorization process as an intrusion by insurance companies into the exam room, inserting a plan of care neither the patient or physician had agreed to, and making medical decisions for that patient with real outcomes on their quality and quantity of life. In effect, the patient experience is that of an outside business, holding the purse strings, attempting to mimic the role of their physician. Patients and physicians are unified in their expressed desire to reduce the intrusive effect that prior authorizations have on the patient-physician relationship.

The American Medical Association recently released a few relevant statistics:

- Ninety-one percent of physicians report delays in care due to prior authorization requirements.
- Twenty-eight percent of physicians reported that prior authorization has led to a patient having a serious adverse event.
- Seventy-five percent of physicians report that prior authorization can lead to patient treatment abandonment.
- Ninety-one percent of physicians reported prior authorization creating a significant or somewhat negative impact to patient outcomes.
- Eighty-six percent of physicians see prior authorization as a high or extremely high burden, and 88 percent say the burden of the process has increase significantly over the past five years.

While statics are important resources, real-world accounts of the burden to physicians and patients are more relevant. My clinic struggles with the burden of prior authorizations every day. We have a full-time nurse who spends over half of every day addressing paperwork related to these issues. It is infuriating when we spend significant dollars on labor to approve a medication that is inexpensive and a patient has been on for years! I have had patients who have been hospitalized or had significant gaps in care due to the prior authorization process.

My wife recently had a personal experience that I would like to share with you regarding prior authorizations. She has had heavy menstrual bleeding which was leading to either a hysterectomy or a medication called Myfembree to slow or stop her bleeding. She received the prescription in May from her doctor, our pharmacy submitted it to insurance and it was denied. The office appealed it, sending the same records of her ultrasound, labs, and office visits, which was again denied. More paperwork was submitted and eventually it was approved pending my wife getting a \$300 bone density test, that was not indicated, that the insurance company would not pay for. Eventually all the insurance requirements were met, and six months later, in November, the medication was approved. Since then, her bleeding has slowed tremendously and she has been able to avoid a very expensive surgery with its risk of complications and time off work. In those six months waiting for the medication, she suffered extreme fatigue and anemia which caused her to almost throw her hands up and have a

hysterectomy. I can't imagine non-health care workers navigating and persisting through the process in order to get the care that they need. HB 2283 would be a tremendous help to physicians in treating our patients when prior authorization is required for patients to obtain necessary medical care.

HB 2283 would benefit physicians and patients alike because it would make health plan prior authorization requirements more transparent. Knowing what the requirements are in advance of providing services helps us save time for our patients and our practice.

Additionally, some physicians routinely have prior authorization requests approved by a particular health plan, yet they must continually participate in the administrative burden of the health payor's prior authorization requirements. HB 2283 seeks to address this issue with an exemption so that physicians with a demonstrated approval record may focus more time on patient care.

We urge the Legislature to intervene, by setting more reasonable parameters for the prior authorization process and contributing to healthier outcomes for patients. While we understand the payors' desire to create cost savings where possible, HB 2283 is an important first step toward creating a system that is more navigable for physicians and patients, while also making health insurance companies more accountable for the processes they put in place. We believe HB 2283 will be highly beneficial for Kansas patients and physicians alike.

Thank you for your time and I am happy to answer any questions.

About Kansas Academy of Family Physicians:

KAFP represents nearly 2,000 active, resident, student and life members across the state. Our member physicians are vibrant and trusted members of their communities and are dedicated to creating a healthier Kansas. Quality health care and health outcomes for our patients guide our public policy work. As family physicians, we see people of all ages, both men and women, and we work with almost every type of ailment and illness that afflict our patients.