



February 20, 2023

Representative William Sutton, Chair
Kansas House Committee on Insurance
300 SW Tenth Avenue
Topeka, KS 66612

Dear Chair Sutton, Vice Chair Penn, and Members of the House Committee on Insurance,

The Kansas Society of Clinical Oncology (KaSCO) and the Association for Clinical Oncology (ASCO) are pleased to support HB 2283, which establishes guardrails around prior authorization processes in the state and exempt providers with a high rate of approvals from prior authorization requirements.

Founded in 1994, KaSCO is the largest oncology professional organization in the state. KaSCO is a powerful community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality, equitable cancer care.

Prior authorization requires patients or their providers to secure pre-approval as a condition of payment or insurance coverage of services. In a recent ASCO survey, 80% of respondents said that a patient has experienced significant impacts on their health, such as disease progress, because of prior authorization processes. The most common harms to patients include delays in treatment (95%) and diagnostic imaging (94%), patients being forced onto second-choice therapy (93%) or denied therapy (87%) and increased out-of-pocket costs (88%). These survey results confirm that prior authorization results in unnecessary delays or denials of cancer care.

KaSCO and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Payer utilization management approaches like prior authorization are of particular concern because they represent greater likelihood of raising barriers to appropriate care for individuals with cancer.

KaSCO and ASCO are pleased that HB 2283:

- **Ensures timely access to care** by requiring insurers to respond to a prior authorization request within 24 hours if the request is urgent;
- **Accommodates the needs of specialized patient populations** by allowing physicians to prospectively request peer-to-peer review and requiring insurers to provide a qualified peer who has practiced in the same or similar specialty as the prescribing physician;
- **Alleviates administrative burden on physicians** by requiring insurers to accept and respond to prior authorization request using a secure electronic transmission for electronic prior authorization;

- **Promotes continuity of care** by stipulating that prior authorization for a healthcare service for the treatment of chronic and long-term conditions, such as cancer, must remain valid for the length of treatment; and
- **Improves transparency** by implementing prior authorization statistic reporting requirements.

HB 2283 also requires insurers to exempt from prior authorization requirements any provider who has at least a 90% approval rate of prior authorizations. A well-earned exemption for providers that have a proven track record of prior authorization approvals will allow doctors to skip the burdensome prior authorization process, ultimately resulting in more-timely delivery of care to patients.

KaSCO and ASCO are encouraged by the steps HB 2283 takes toward improving prior authorization in Kansas, and we welcome the opportunity to be a resource for you. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement: Prior Authorization](#). Please contact Sarah Lanford at ASCO at Sarah.Lanford@asco.org if you have any questions or if we can be of assistance.

Sincerely,

Quoc Truong, MD
President
Kansas Society of Clinical Oncology

A handwritten signature in black ink, reading "Lori J. Pierce MD". The signature is fluid and cursive, with the letters "L" and "P" being particularly large and stylized.

Lori J. Pierce, MD, FASTRO, FASCO
Chair of the Board
Association for Clinical Oncology