

632 SW Van Buren St., Ste. 100
Topeka, KS 66603
785.232.0225
kansasoptometric.org



February 1, 2023

TO: House Insurance Committee
FROM: Wayne Gilmore, OD
President-Elect
RE: House Bill 2283

I am Dr. Wayne Gilmore. I'm an optometrist from Parsons, Kansas, and currently serve as the President-Elect for the Kansas Optometric Association, which represents Kansas optometrists. Thank you for the opportunity to submit testimony in support of House Bill 2283, which is designed to improve the prior authorization process for health care services and medications.

Doctors of optometry are independent primary health care providers who examine, diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures as well as diagnose related systemic conditions. They examine the internal and external structure of the eyes to diagnose eye diseases like glaucoma, cataracts and retinal disorders; systemic diseases like hypertension and diabetes; and vision conditions like nearsightedness, farsightedness, astigmatism and presbyopia. Optometrists also do testing to determine the patient's ability to focus and coordinate the eyes, and to judge depth and see colors accurately. They prescribe eyeglasses and contact lenses, low vision aids, vision therapy and medicines to treat eye disease.

As primary eye care providers in all corners of the state, optometrists are an integral part of the health care team and an entry point into the health care system. They are skilled in the co-management of surgical eye care, such as cataract, glaucoma or retinal procedures, which affect the eye health and vision of their patients and an excellent source of referrals to other health care professionals.

The bill addresses a growing problem experienced by health care providers and their patients across Kansas. The prior authorization process, while originally intended to reduce costs, often does just the opposite, with staff time utilized to obtain and adjudicate the prior authorization process ever increasing, which leads to more expense for providers and greater delays for patient care. With comprehensive eye health and vision care, these issues are often compounded by sometimes confusing relationships between health insurance for medical issues and vision plans for non-medical vision issues, and optometrists are often credentialled separately for both and have to bill the appropriate payer depending on diagnosis and treatment plans. Patients are often unsure of their benefits and because of this staff spend considerable time on hold waiting to verify benefits and obtain prior authorization prior to treatment.



Recently, the American Optometric Association surveyed doctors of optometry and found that 60 percent of respondents indicated that prior authorization processes are “very burdensome.” Of greatest concern is the impact that these processes have on patients and their ability to get timely access to the eye care and medications they need. An overwhelming 76.4 % of survey respondents indicated that the prior authorization process “often or always” delayed patient access to provider-recommended medications and care.

While we focus on the challenges of the prior authorization process as it exists today, we recognize the need maximize the value of health care for our patients. Costs have increased and it is important to keep these in check for patients, but the burden is seemingly placed on health care providers for increasing staff time while they are experiencing significant hikes in staffing costs and who have generally seen very little, if any, increases in reimbursement for decades.

We stand in support of HB 2283 and encourage the committee to pass out favorably this much-needed first step to modernizing the prior authorization process.

