2/22/19

Senator Gene Sullentrop, Chair
Senate Public Health and Welfare Committee
Re: SB 93 Proponent

Chair Sullentrop and Committee Members:

I am a board certified rheumatologist who has been in private practice and serving as a volunteer faculty member at the University of Kansas School of Medicine for nearly 25 years. Over this time, I have seen insurers progressively impose more barriers to physicians and other health care providers that have negatively impacted our ability to provide appropriate care for our patients.

Certainly, cost must be a consideration when we make our therapeutic decisions, and neither I nor any of my colleagues I trust would subject patients to costly interventions for any other reason than if it were the best – and sometime the only – option to control their illness and prevent complications. My primary motivation, and that of the vast majority of my colleagues, is to effect the most desirable outcomes for our patients, balancing the risks and benefits of these therapies, and with few exceptions these decisions have a neutral effect on the financial gains our practice experiences. We provide infusion therapies at our office from which we derive some profit, but the majority of advanced therapies we prescribe are self-administered and do not benefit us financially, only the patients who receive these therapies.

I cannot be assured that the motivations of insurers are consistent with mine. **With each passing year, it seems that those with less training, less experience, less knowledge of the disease states involved, and less direct contact with my patients are usurping decision making power, seemingly motivated by nothing but their short-term financial bottom line.** The decisions rendered by payers are far too complicated when considering the intricate nature of the illnesses and the risk and benefits of the medications involved to be delegated to low-level clerks reading criteria written for them out of a book. **Just this week I have had two separate payers deny therapy for two of my rheumatoid arthritis patients who had been on the medication for years and recite a list of "preferred" drugs. Included in these "preferred" drugs were medications the patient had already tried and failed, medications not formulated or approved for use at the time the prescribed therapy was initiated, and two different agents (Cosentyx and Otezla) that are indicated for psoriatic arthritis, the wrong disease.** From this scenario, I must conclude that those making this determination have a woefully inadequate understanding of the disease process for which they are making these decisions, are driven by financial kick-backs from the pharmaceutical companies manufacturing these drugs, or both. Either way, this state of affairs is intolerable, as it endangers patients, puts them at risk for complications of inadequately controlled disease, imposes undue financial burdens upon them, and wastes time in administrative hassles for my staff and for me personally, as I am typically required to write appeal letters for situations that should never have arisen, as far as I'm concerned.

For all of these reasons, I would like to lend my strong support for SB 93. This bill would ensure that medically accepted guidelines, not financial considerations, would dictate requirements. It would also prevent patients who are doing well on a current therapy from being switched arbitrarily and would protect them from reverting to therapies they have already tried and failed. Moreover, this bill would

protect patients with contraindications from being mandated to use therapies that could potentially cause them harm, a problem I have also encountered repeatedly when untrained insurance personnel without knowledge of a patient's comorbidities is in control of coverage decisions.

For all of these reasons, I strongly urge you to pass SB 93 to protect patients, ensure access to appropriate care, minimize interruptions in needed therapy, and reduces the now unmanageable administrative burdens that have driven many of my colleagues to opt for an early retirement from practice. I greatly appreciate your consideration in this matter.

Sincerely,

Timothy S. Shaver, M.D., F.A.C.P.
Arthritis and Rheumatology Clinics of Kansas