



**TO:** Members of the House Insurance Committee

**FROM:** Simran Elder, MD  
Medical Oncology  
AdventHealth Shawnee Mission Cancer Center

**DATE:** February 20, 2023

**RE:** House Bill 2283

On behalf of **AdventHealth Cancer Center Shawnee Mission**, I write in support of [House Bill 2283](#) to establish guidelines for prior authorizations to improve patient care access in Kansas.

As a medical oncologist in Johnson County, I treat hundreds of patients a year. I strive for our team to meet the patient where they are on their cancer journey, whatever stage, age or diagnosis, as we provide resources and support to treat and overcome cancer.

As you may have experienced, a cancer diagnosis is a significantly stressful time for patients and their loved ones. My priority is to provide an easy course to set the patient on a path of healing.

Unfortunately, we are increasingly required to obtain prior authorization before providing standard medical services and pharmaceuticals. There is a time and place for prior authorization, but the process must remove inappropriate barriers through modernization and streamlining to provide better access to care.

The term “medically unnecessary” is being used repeatedly to deny claims without payers providing the reasoning behind that assessment and without any changes in coverage guidelines. These issues can interrupt care, divert resources from patients and complicate medical decision-making.

I encounter prior authorizations every step of the way, from imaging needed to diagnose or stage cancer, to treatment and preventative recommendations. I see it with patients of all ages, genders and cancer type, and even in cases where the cancer and treatment are very common.

**Peer to Peer Review:** The peer to peer review process causes unique challenges for patients and providers. I frequently have to move scheduled patients in order to accommodate peer to peer review requests from insurers, which impacts care for my other patients. When I proactively reach out due to peer to peer requirements, I must go through different time-consuming layers on the phone before I actually speak to a physician. When I do reach the physician, it is often not an oncologist or anyone with the qualifications of the specialty being discussed.

**Increasing Health Care Costs:** Navigating the prior authorization process takes significant time from our staff, adding unnecessary costs to our health system that trickle down to our patients. We have staff across all physician specialties who are at least partially dedicated to handling prior

authorizations, and yet our physicians still must intervene. This work entails hours on the phone, which may end in being transferred, and requests for faxed information. We have one Nurse Practitioner at our Cancer Center who spends half of her time on prior authorizations – time that could be dedicated to patient care. At a time of critical clinical staff shortages, the time we must dedicate to the prior authorization process is a detriment to the recruitment and retention of staff.

**Delaying Care:** I recently saw a patient with advanced genitourinary (GU) cancer that was progressing. His insurance prior authorization for medication took eight weeks of back and forth. His cancer was potentially curable and was supported by data to respond well to a particular drug. The unnecessary prior authorizations caused a huge delay to his care. We eventually had to enroll him in a clinical trial to be able to start treatment.

We regularly have issues with insurance approving positron emission tomography (PET) scans, which are crucial before treatment to see the inside of the body. PET scans allow us to diagnose and stage cancer and therefore target our treatments to be most effective and safe for our patients. We often encounter numerous prior authorizations before PET scans are approved, causing stress for our patients, delays in care and unnecessary administrative costs.

Numerous medical organizations have shared that prior authorizations can lead to treatment abandonment or an adverse event for their patients, and I have seen this personally in my years as a physician working with cancer patients.

According to the [American Hospital Association](#) report on prior authorizations:

*They also contribute to clinician burnout and significantly drive up administrative costs for the health care system. And much of this effort and cost is unnecessary. For example, among some insurers, most appealed prior authorization denials are ultimately overturned. Of course, this appeal process comes with significant cost. In addition to the financial and emotional stress placed on enrollees, inappropriate payment delays and denials for appropriate care have serious implications for the financial stability of health care providers and compound fiscal challenges plaguing our health care system.*

I hope you will consider passage of **House Bill 2283** to modernize prior authorization in Kansas and improve health care in our state.