

Proponent Testimony for HB 2283

2/20/2023

Chairman Sutton and Members of the Committee,

Thank you for the opportunity to testify in support of House Bill 2283. My name is Angie Johnson, and I am the Chief Nursing Officer at Memorial Health System in Abilene. We are a critical access hospital and are affiliated with Salina Regional Health Center.

The prior authorization bill you are considering today is a necessary step to help providers and nurses like me deliver care in a responsible and timely way. When providers look to obtain a prior authorization for a suggested course of care, they are often asked to try another care course, are asked to resubmit documentation, or are left waiting for days, weeks and sometimes even months for an answer. This of course impacts patients by delaying care and often interfering with best course of care. Often times, the patient doesn't understand why their doctor's recommendation is denied or delayed. They assume it is the hospital's decision, when in fact, it is the payer. The delays in prior authorization decisions have increased in recent years. These delays often end up costing more money by increasing care costs as a condition worsens. While we do have dedicated staff to help work on prior authorizations, sometimes these conversations require nurses and providers with clinical experience to jump on the phone. This takes nurses off the floor and away from patients during an unprecedented nursing shortage.

I have personally been deeply impacted by the prior authorization process. In April of 2021, I had back and neck pain, and I did what everyone does. I took ibuprofen, got a massage, and used a heating pad. When it wouldn't go away, I went to my doctor and he ordered an MRI because I was having some pain shooting down my arm, and numb fingers. I know how much an MRI costs, so I asked if it was necessary, and he said it's the only way to see spinal cord involvement, and he's a doctor, so I listened. My MRI showed severe disc problems, including a pinched spinal cord with no spinal fluid left in the area. Two neurosurgeons said I needed surgery to avoid further damage and paralysis. My insurance company denied the surgery in May; they suggested physical therapy, steroids and pain medication. Therapy was afraid to move my neck looking at the MRI, and no anesthesiologist felt safe injecting steroids into my spinal column. They had to send these notes to the insurance company, which took months of appointments and documentation chasing. When I had surgery in August, it went from a 2-hour outpatient procedure to over 6 hours and a weeklong hospital stay. The surgeon said my back looked completely different from my MRI in May, the damage was so severe, I would be in a neck brace 24 hours a day for months, unable to care for my children as a single mother, barely able to swallow, not able to move my arms, let alone drive or cook supper. Complications and recovery had me out of work until December. I was facing not being able to do my job, not be a mother, and have pain the rest of my life. I wish I had been given the chance to have surgery when I needed it. I hope this bill saves someone from months of pain medication, debilitation, depression, and uncertainty.

I understand the need for prior authorization to help contain costs and eliminate unnecessary testing. All we are asking for, is a way to easily track prior authorizations with an online portal, provide peer-to-peer reviews so the best care can be provided, and establish turnaround times for answers so our patients don't have to wait. I think this bill is a great first step to accomplishing these things. Thank you for your time today.