

Chair Dietrich and Members of the Committee,

I am writing in support of Senate Bill 330, the Ensuring Transparency in Prior Authorization Act. I offer this testimony from the perspective of a practicing pediatric gastroenterologist who cares for children with both acute and chronic medical needs, including those threatening life and limb, and one who works daily within the burdensome constraints of the current prior authorization system.

My name is Rachel Chevalier and I take care of kids. I am a specialist in inflammatory bowel disease (Crohn's disease, ulcerative colitis) and eosinophilic esophagitis. I am the medical director of the Eosinophilic Gastrointestinal Diseases Clinic at Children's Mercy, core member of the Inflammatory Bowel Disease Group, and a member of international committees committed to the care and research advancement of children with these diseases. My patients suffer from conditions that necessitate timely, aggressive treatment or they face significant morbidity including the need for bowel removal.

As physicians, we are trained to make clinical decisions based on a patient's medical history, current condition, and evidence-based standards of care. However, prior authorization requirements often delay or disrupt that care, even when the requested service is medically necessary and appropriate. These delays can be especially harmful for children with chronic or complex conditions, where continuity and timeliness of treatment are critical to preventing bowel tissue scarring, hospitalization for blood transfusions, and the need for surgeries such as bowel resections.

SB 330 would tangibly improve patient care by establishing clear timelines and expectations for prior authorization decisions and by requiring more efficient electronic processes. In practice, this means fewer delays waiting for approvals, fewer interruptions in ongoing treatment plans, and more time spent caring for patients rather than navigating administrative hurdles.

Under the current system, repeated authorizations for the same service despite no change in the patient's condition create unnecessary delays and uncertainty for patients and families. SB 330 helps ensure that once a treatment plan is approved, care can proceed without repeated administrative barriers. This is essential to avoiding delays and interruptions to care that prior authorization can cause for patients with chronic or long-term conditions. I have recently presented data from a scientific study that shows our patients wait **14 days on average and up to a month** for medication that is standard of care and needed to prevent hospitalizations, blood transfusions, and surgeries.

From a physician's standpoint, prior authorization does not just affect patients, it also consumes a significant amount of clinical time. Time spent completing forms, responding to requests for duplicative information, or appealing denials is time taken away from direct patient care. We care for over 700 patients with inflammatory bowel disease, most of whom are on medications requiring a prior authorization renewal at least yearly but often more frequently due to need for dose changes in a population with rapid growth, medication failure, or payor specifications. Even at one hour per prior authorization, which is an extremely low estimate, that amounts to **87 workdays** of time my team and myself must spend doing paperwork for **well established, standard of care** treatment. By streamlining processes and increasing transparency, SB 330 allows physicians and care teams to focus on what matters most: diagnosing, treating, and supporting their patients and families.

SB 330 does not eliminate prior authorization. Instead, it begins to ensure that it functions in a way that is more predictable, transparent, and respectful of clinical expertise, while still allowing insurers to manage utilization responsibly.

For these reasons, I respectfully ask the committee to support Senate Bill 330 and its common-sense reforms that will meaningfully improve access to timely, medically necessary care for Kansas patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rachel Chevalier', written in a cursive style.

Rachel Chevalier, MD

Pediatric Gastroenterologist

Children's Mercy