KANSAS MEDICAL SOCIETY
Established 1859

To: Senate Financial Institutions and Insurance Committee

From: Rachelle Colombo, Executive Director

Date: February 4, 2026

Subject: SB 330, restrictions and limitations on prior authorization

The Kansas Medical Society (KMS) is the only statewide association advocating for physicians in every specialty and is dedicated to improving the environment in which Kansas physicians practice medicine, and to protecting the health of Kansans. We appreciate the opportunity to submit testimony in support to SB 330, which would enact the ensuring transparency in prior authorization act; imposing certain requirements and limitations on the use of prior authorization.

Prior authorization (PA) is a cost-control process that requires health care professionals to obtain advance approval from health plans before a prescription medication or specific medical service or procedure qualifies for payment by the insurer (is deemed "medically necessary") and can be provided to the patient. While health plans and benefit managers contend PA programs are necessary to control costs, these programs have become exceedingly complex and administratively burdensome to physicians who must navigate inconsistent rules across the payor community as physicians advocate for their patients' healthcare needs. The PA process often results in delayed care which compromises quality and patient outcomes. It is the patients who bear the unfortunate consequences of prior authorization programs that are often arbitrary, opaque, complex and time-consuming, for both provider and patient. We urge you to consider the following as you deliberate on SB 330.

Prior authorization doesn't put the patients first. Ninety-three percent of physicians say prior authorization sometimes, often or always results in care delays. Patients' illnesses go untreated for longer because of an unclear, complicated process. Prior authorization is more than an administrative nightmare; it's a barrier to providing timely, patient-centered care.

Prior authorization undermines the medical team's expertise. The criteria used for prior authorization are unclear. Physicians rarely know at the point-of-care if the prescribed treatment requires prior authorization, only to find out later when a patient's access is delayed or denied. This ineffective system causes needless tension between physicians and their patients.

Prior authorization costs physicians and their team valuable time. Physicians complete an average of 41 prior authorizations per week. This administrative nightmare eats up roughly two business days (13.0 hours) of a physician's and their staff's time. If an insurance plan covers a treatment that would benefit the patient, physicians shouldn't have to waste time ensuring their patient's access to it.

For these reasons, the Kansas Medical Society respectfully requests your support of SB 330.