

**Re: Testimony in Support of Senate Bill 330**

*Written Testimony Only*

Wayne Gilmore, O.D.

**February 4, 2026**

Room 445-S  
300 SW 10th Street  
Topeka, KS 66612

**Dear Madam Chair Dietrich and Members of the Committee,**

My name is Wayne Gilmore. I am an optometrist from Parsons, Kansas. Thank you for the opportunity to submit testimony in support of Senate Bill 330, which is intended to improve the prior authorization process for health care services and prescription medications.

Doctors of optometry are independent primary health care providers who examine, diagnose, treat, and manage diseases and disorders of the visual system, the eye, and associated structures. Optometrists evaluate the internal and external structures of the eye to diagnose conditions such as glaucoma, cataracts, and retinal disease, as well as systemic diseases including hypertension and diabetes. We manage common vision conditions and perform testing to assess focusing ability, eye coordination, depth perception, and color vision. Optometrists prescribe eyeglasses, contact lenses, low vision aids, vision therapy, and medications to treat eye disease.

As primary eye care providers practicing in all corners of Kansas, optometrists are an integral part of the health care team and are often an entry point into the broader health care system. We routinely co-manage surgical eye care and serve as a reliable source of referrals to other health care professionals when additional or specialized care is needed.

Optometrists and our patients frequently must navigate two different types of insurance coverage. Many patients have a vision plan that is bundled with—or entirely separate from—their medical insurance. Depending on the reason for the visit, services may be billed to either plan, and in some cases must be denied by one insurer before the other will pay. The current prior authorization process is often confusing and does not consistently provide accurate or timely information. As a result, services may be denied and later deemed the patient's financial responsibility, creating confusion and frustration for both providers and patients.

Senate Bill 330 addresses a growing and significant problem with prior authorizations for prescription medications. In my own practice, it is rare for a day to pass without at least one prior authorization request for a medication I have prescribed. The most common medications I prescribe are for glaucoma, eye infections, and dry eye disease.

While prior authorizations for chronic medications are burdensome, it is the impact on acute conditions that is most concerning. For example, when a patient presents with a specific viral eye infection and the most appropriate medication for that condition is not covered, a prior authorization is triggered. When this occurs, treatment is delayed. These delays directly affect patient care and, in some cases, can worsen outcomes.

Pharmacy benefit managers are intended to control health care costs, but patient care must remain the priority. When a brand-name medication is preferred on a formulary and a generic alternative requires prior authorization, patients may face higher costs or delays in receiving necessary treatment. In acute situations, these delays are unacceptable.

Prior authorizations for medical eye care services can also create significant delays in initiating treatment and often act as a roadblock to care. One example is medically necessary contact lenses. These lenses are not covered under routine vision plans such as VSP or EyeMed, but instead are covered under a patient's medical insurance. There are several medical conditions that require medically necessary contact lenses, and these almost always require prior authorization.

The requirement for prior authorization itself is challenging, but the process is further complicated by the lack of uniformity among insurance companies. Each insurer requires specific—and often different—documentation for each CPT code, and these requirements are rarely fully outlined in provider manuals. As a result, providers are often left guessing what information is needed. Establishing more uniform documentation requirements across insurers for CPT and ICD-10 codes would go a long way toward reducing administrative burden and improving the efficiency of the prior authorization process.

For these reasons, I strongly support Senate Bill 330 and respectfully urge the committee to pass this legislation favorably. This bill represents an important first step toward modernizing the prior authorization process and ensuring timely access to medically necessary care for Kansas patients.

Thank you for your time and for your service to our state.

Sincerely,

A handwritten signature in black ink, appearing to read 'Wayne Gilmore', with a long horizontal flourish extending to the right.

Wayne Gilmore, O.D.