



# KANSAS ACADEMY of FAMILY PHYSICIANS

Testimony: SB 330  
Senate Committee on Financial Institutions and Insurance  
February 4, 2026  
By: Doug Gruenbacher, MD

Chair Dietrich and Members of the Committee:

Thank you for the opportunity to present testimony today. My name is Doug Gruenbacher, and I am a board-certified, full-scope family physician, practicing in Quinter. I am testifying in support of SB 330 on behalf of the Kansas Academy of Family Physicians (KAFP). The KAFP represents nearly 2,000 family physicians, resident physicians and medical students across our state. Providing quality health care and good health outcomes for our patients guide our policy work.

Prior authorization is a cost-saving tool that health insurance companies use. When a health plan requires prior authorization of a health care service, the physician must submit paperwork (prior to performing the service) so the health plan can review the medical necessity and appropriateness of the proposed service. Then, the health plan's payment is conditioned upon the plan's approval of the prior authorization request.

Prior authorization is often very burdensome and can present a significant impediment to optimal patient care. It can cause delays in medically necessary care, which may detrimentally affect patient health and finances. Excessive prior authorization requirements also create administrative hassles for physicians and consume time that otherwise would be devoted to patient care.

Patients and physicians would like to reduce the intrusive effect that prior authorization has on the patient-physician relationship so that the care that's truly needed to keep Kansans healthy can be provided in a timely, efficient manner.

The American Medical Association recently released a few [relevant statistics](#):

- Ninety-one percent of physicians report delays in care due to prior authorization requirements.
- Twenty-eight percent of physicians reported that prior authorization has led to a patient having a serious adverse event.
- Seventy-five percent of physicians report that prior authorization can lead to patient treatment abandonment.
- Ninety-one percent of physicians reported prior authorization creating a significant or somewhat negative impact to patient outcomes.
- Eighty-six percent of physicians see prior authorization as a high or extremely high burden, and 88 percent say the burden of the process has increase significantly over the past five years.

While statics are important resources, real-world accounts of the burden to physicians and patients are more relevant and I would like to share my practice's and my family's story. We have a full-time nurse who spends over half of every day addressing paperwork related to these issues. It is infuriating when we spend significant dollars on labor to approve a medication that is inexpensive and a patient has been on for years! I have had patients who have been hospitalized or had significant gaps in care due to the prior authorization process. My wife recently had a personal experience that I would like to share with you regarding prior authorizations. She has had heavy menstrual bleeding which was leading to either a hysterectomy or a medication called Myfembree to slow or stop her bleeding. She received the prescription in May from her doctor, our pharmacy submitted it to insurance and it was denied. The office appealed it, sending the same records of her ultrasound, labs, and office visits, which was again denied. More paperwork was submitted and eventually it was approved pending my wife getting a \$300 bone density test, that was not indicated, that the insurance company would not pay for. Eventually all the insurance requirements were met, and six

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months later, in November, the medication was approved. Since then, her bleeding has slowed tremendously, and she has been able to avoid a very expensive surgery with its risk of complications and time off work. In those six months waiting for the medication, she suffered extreme fatigue and anemia which caused her to almost throw her hands up and have a hysterectomy. I can't imagine non health care workers navigating and persisting through the process in order to get the care that they need. SB 330 would be a tremendous help to physicians in treating our patients when prior authorization is required for patients to obtain necessary medical care.

Insurance companies have to stop creating hurdles to help maintaining the patient and physician relationship. Unquestionably, prior authorization is a significant hurdle. SB 330 would not eliminate this hurdle altogether for all physicians and patients, but it would make the prior authorization process easier to navigate and make health plans more accountable for the processes they put in place. We believe SB 330 will be highly beneficial for Kansas patients and physicians alike.

Thank you for your time and I am happy to answer any questions.

### **About Kansas Academy of Family Physicians:**

KAFP represents nearly 2,000 active, resident, student and life members across the state. Our member physicians are vibrant and trusted members of their communities and are dedicated to creating a healthier Kansas. Quality health care and health outcomes for our patients guide our public policy work. As family physicians, we see people of all ages, both men and women, and we work with almost every type of ailment and illness that afflict our patients.

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