

Proponent Testimony for SB 330

2/4/2026

Chairman Dietrich and Members of the Committee,

Thank you for the opportunity to testify in support of Senate Bill 330. My name is Angie Johnson, and I am the Chief Nursing Officer at hospital but I'm also a Kansan and a patient. 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 insurance company administrative processes. 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 or stand at fax machines. This takes nurses off the floor and away from patients during times that they could be providing patients with care.

Today, I am not speaking on behalf of my employer, but instead, providing you with testimony as a patient. 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.

Angie Johnson, CNO – SB 330 Support

3-Minute Verbal Testimony Talking Points

- **Introduction**

- Chairman Dietrich and members of the Committee, thank you for the opportunity to testify.
- My name is Angie Johnson. I'm a Chief Nursing Officer, a Kansan — and a patient.
- I'm here in support of Senate Bill 330.

- **The problem with prior authorization**

- Prior authorization is intended to manage costs, but today it often delays necessary care.
- Providers are frequently asked to try alternative treatments, resubmit paperwork, or wait weeks or months for decisions.
- These delays interfere with the best course of care and leave patients confused and frustrated.

- **Impact on patients and nurses**

- Patients often believe their care is delayed by the hospital — when in reality, it's insurer administrative processes.
- Delays can worsen conditions and ultimately increase healthcare costs, not reduce them.
- Nurses and providers are pulled away from patient care to spend hours on phones or fax machines chasing approvals.

- **Personal story – why this matters**

- In 2021, I experienced severe neck and back pain with neurological symptoms.
- An MRI showed serious spinal cord compression; two neurosurgeons recommended surgery.

- My insurance denied surgery and required alternative treatments that clinicians felt were unsafe.
- Months passed while documentation was gathered and resubmitted.
- **Consequences of delay**
 - By the time surgery was approved, what should have been a 2-hour outpatient procedure became a 6-hour surgery with a weeklong hospital stay.
 - I faced months in a neck brace, inability to care for my children, extended time off work, and fear I might never fully recover.
 - Earlier approval could have prevented much of that pain, disability, and cost.
- **Why SB 330 is the right step**
 - I understand the need for prior authorization.
 - SB 330 asks for reasonable guardrails:
 - Online tracking and transparency
 - Peer-to-peer clinical review
 - Clear turnaround times so patients aren't left waiting indefinitely
- **Closing**
 - This bill won't eliminate prior authorization — it will make it work better for patients and providers.
 - I hope SB 330 prevents others from enduring unnecessary pain, delays, and uncertainty.
 - Thank you for your time and consideration.

****Angie Johnson, CNO – SB 330 Support**

90-Second Verbal Testimony Talking Points**

- **Introduction**

- Chairman Dietrich and members of the Committee, thank you for the opportunity to testify.
- My name is Angie Johnson. I'm a Chief Nursing Officer, a Kansan, and a patient.
- I'm here in support of Senate Bill 330.

- **The problem**

- Prior authorization is meant to control costs, but today it often delays necessary care.
- Providers are asked to resubmit paperwork or try alternative treatments while patients wait weeks or months.
- Patients often believe these delays are hospital decisions, when they are actually insurer processes.

- **Impact on care**

- These delays pull nurses and providers away from patients and can increase costs as conditions worsen.

- **Personal story**

- In 2021, I had severe neck pain and neurological symptoms.
- An MRI showed spinal cord compression, and two neurosurgeons recommended surgery.
- My insurance denied surgery and required treatments clinicians felt were unsafe.
- Months passed while documentation was resubmitted.

- **Consequences**

- When surgery was finally approved, it went from a 2-hour outpatient procedure to a 6-hour surgery with a weeklong hospital stay.
- I spent months in a neck brace, unable to care for my children or work.
- **Why SB 330 matters**
 - I understand the need for prior authorization.
 - SB 330 adds transparency, peer-to-peer review, and clear timelines, so patients aren't left waiting indefinitely.
- **Closing**
 - This bill helps prior authorization work as intended — without harming patients.
 - I respectfully ask for your support of SB 330.
 - Thank you for your time.