

Testimony Supporting SB 330
Senate Financial Institutions and Insurance Committee
Presented by Dr. Dan Kuhlman, Family Practice Physician
Citizens Health
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Good morning, Chair and Members of the Committee.

My name is Dr. Dan Kuhlman, and I am a family practice physician with Citizens Health. I appreciate the opportunity to speak in support of Senate Bill 330, the Transparency in Prior Authorization Act.

For decades, primary care physicians have been committed to delivering high-quality, timely, patient-centered care. In doing so, we work every day to diagnose, treat, and manage complex conditions while navigating an insurance landscape that increasingly requires prior authorization for needed services.

While I acknowledge that prior authorization, in its original form and intention, was a good development, it is now being utilized as a significant barrier to timely and consistent patient care.

SB 330 takes a commonsense, evidence-informed approach by establishing clear standards and transparency requirements for prior authorization in health care. Key provisions of the bill include:

- Mandating electronic submission and response standards that integrate with provider systems so that prior authorizations can be requested and answered more efficiently without proprietary portals.
- Requiring timely decisions on both urgent and routine authorizations, with defined timeframes that reflect clinical urgency.
- Exempting emergency services from prior authorization requirements and allowing notification after care, protecting patients who need immediate attention.
- Prohibiting retroactive denials except in cases of fraud, giving clinicians and patients confidence that approved services will be honored.
- Ensuring transparency and public reporting on authorization practices so patterns (e.g., high denial rates for certain specialties or services) can be identified and addressed.
- Allows an improved appeals process by ensuring that a qualified peer who has practiced in the same specialty as the requesting health provider are speaking the same language when reviewing patient needs.

In my practice at Citizens Health, I have witnessed firsthand the impact of prolonged prior authorization processes on patient care. For example, I have had multiple patients be denied access to medications they have taken for years, or even decades, due to loss of

coverage from an insurance company that had agreed to cover the medications in years past. When we try to get the medications re-approved, the process continues to get longer and more complex, with what feels like an ever-increasing set of hurdles in a 100 yard race.

These are not isolated cases — they are part of a broader pattern that SB 330 seeks to address by creating predictable, transparent prior authorization standards that align with clinical practice and patient needs.

This bill does not eliminate prior authorization; rather, it modernizes and improves it so that clinicians spend less time on paperwork and more time on patient care. Importantly, the standardized electronic process and reporting requirements will benefit all stakeholders — patients, clinicians, payers, and the broader Kansas health care system — by reducing delays, unnecessary administrative burdens that lead to increased overall costs, and care disruptions.

In closing, SB 330 is a meaningful step toward restoring the focus of health care to where it belongs — on patients and clinicians working together to determine the best treatment. I urge this Committee to favorably recommend SB 330 and help ensure transparent, efficient prior authorization practices that support better outcomes for all Kansans.

Thank you for your time and consideration.

Respectfully,

Dr. Dan Kuhlman, MD

Family Practice Physician, Citizens Health