



To: Senate Committee on Financial Institutions and Insurance

From: Travis R. Oller, DC
Executive Director
Kansas Chiropractic Association

Date: February 4, 2026

Subject: SB 330; Enacting the ensuring transparency in prior authorization act to impose requirements and limitations on the use of prior authorization in healthcare.

Proponent Testimony

Chairwoman Dietrich and other members of this committee, I appreciate the opportunity to present written proponent testimony on SB 330.

Thank you for the opportunity to submit written proponent testimony on SB 330. The Kansas Chiropractic Association represents more than 1,200 Doctors of Chiropractic practicing throughout Kansas. Our members provide conservative, non-pharmacological care in communities across the state and regularly interact with prior authorization requirements as part of delivering outpatient care.

SB 330 establishes reasonable requirements and limitations on the use of prior authorization by utilization review entities. The bill promotes timely decision-making, greater transparency in authorization criteria, and appropriate safeguards to reduce unnecessary delays once care has been approved.

Doctors of Chiropractic frequently order advanced diagnostic imaging, such as CT and MRI scans, that are subject to prior authorization. In addition, some insurance companies—often through third-party administrators—require prior authorization for evaluation and treatment services themselves. When authorization decisions are delayed, criteria are unclear, or approvals are repeatedly revisited, patients may experience interruptions in care and providers are forced to divert time away from patient care toward administrative follow-up.

While prior authorization can play a role in controlling healthcare costs and preventing unnecessary services, it can also negatively affect access to care when applied without clear standards. Delays in authorization can prolong pain, reduce function, and cause patients to abandon recommended conservative treatment altogether—particularly in outpatient settings where care is delivered as part of a coordinated course of treatment.

The Kansas Chiropractic Association also specifically supports the peer-to-peer review provisions contained in SB 330. The bill allows a healthcare provider to request peer-to-peer review when appealing an adverse prior authorization determination and requires that such reviews be conducted by a qualified peer practicing in the same or a similar specialty. For Doctors of Chiropractic, this is a critical safeguard. Decisions involving conservative



musculoskeletal care and advanced imaging are best evaluated by reviewers with appropriate training and clinical experience, rather than by individuals without meaningful exposure to outpatient spine and extremity care. This provision promotes fair, clinically informed review while preserving appropriate utilization oversight.

SB 330 would streamline the prior authorization process, improve predictability, and shorten the time patients must wait for diagnostic testing or treatment decisions. Importantly, the bill does not mandate coverage, expand scope of practice, or eliminate utilization review. Instead, it establishes reasonable expectations for transparency, timeliness, and accountability.

For these reasons, the Kansas Chiropractic Association respectfully urges the Committee to recommend SB 330 favorable for passage.

Thank you for your time and consideration.

Respectfully submitted,
Travis R. Oller, DC
Executive Director
Kansas Chiropractic Association