

To: Senate Financial Institutions and Insurance Committee

From: Benjamin Quick, MD, MPH, FACP
Chair, Health & Public Policy Committee
American College of Physicians – Kansas Chapter

Date: February 4, 2026

Subject: Senate Bill 330

Chairwoman Dietrich and Members of the Senate Financial Institutions and Insurance Committee,

The Kansas Chapter of the American College of Physicians appreciates the opportunity to provide **testimony in support of Senate Bill 330**.

Prior authorization can be a useful tool to ensure cost effective and appropriate care is delivered to patients. **The problem is not that prior authorization exists. The problem is what it has become.** Over time, prior authorization has evolved into an increasingly complex, opaque, and arbitrary process that is often used less to improve care and more to restrict access and control costs.

In a 2024 American Medical Association (AMA) survey¹, the vast majority of physicians reported that **current prior authorization requirements cause delays in care, administrative waste, and patient harm**. The Medical Society of Sedgwick County (MSSC) conducted the same AMA survey locally² and found similar – and in some cases more concerning – results in Kansas. Additionally, the Kansas Inspector General’s Testimony Concerning Waste, Fraud, and Abuse³ found that prior authorization practices by Medicaid managed care organizations were untimely, lacked transparent determination processes, and frequently denied claims without explanation.

In real-world practice, this complexity has serious consequences. When prior authorization becomes burdensome, some patients and physicians give up – not because the care is inappropriate, but because they lack the time, staff, or resources to keep fighting. Yet when physicians persevere long enough with appeals and peer-to-peer reviews, the care is often approved. That raises a fundamental question: **if the care is appropriate in the end, why does it take weeks or months to get approved in the first place?**

Many states have enacted meaningful reforms to streamline the process, though Kansas has not. Senate Bill 330 helps Kansas catch up.

We want to highlight a few key provisions. **Senate Bill 330 would:**

- **Establish time requirements** for prior authorization decisions to avoid unnecessary delays in care.
- **Require electronic prior authorization submission** integrated with clinical workflows, eliminating inefficient faxes and phone calls.
- Require that prior authorization **appeals be reviewed by a physician in the same or similar specialty.**
- **Require public reporting of prior authorization approval and denial rates**, including appeal outcomes. This transparency will allow policymakers, clinicians, and patients to better understand where prior authorization is working and where it is not.

Prior authorization is not eliminated by this bill – it is improved. Senate Bill 330 ensures it is timely, transparent, and patient-centered while preserving appropriate utilization review.

We respectfully request the committee **support Senate Bill 330.** Thank you for your time and consideration.

¹ [2024 American Medical Association Survey](#)

² [2025 Medical Society of Sedwick County Survey](#)

³ [2025 Kansas Inspector General Testimony](#)