To: Senate Financial Institutions and Insurance Committee

From: Brice Zogleman

Subject: Proponent Testimony for Senate Bill 330

Date: February 4, 2026

Thank you, Chairwoman Dietrich and members of the committee.

My name is Brice Zogleman. I was born in Wichita, Kansas, and I currently live in Fairway. I am here today to speak in **support of Senate Bill 330**, based on my experience as a patient navigating prior authorization in Kansas.

I am a state employee and have been covered by the Kansas State Employee Health Plan for nearly ten years. In January of 2024, while returning from a mountain camping trip in Colorado, I developed sudden swelling and shortness of breath. I went to my doctor, and testing showed that my kidneys were leaking massive amounts of protein into my urine. I was urgently referred to a kidney specialist and underwent a kidney biopsy.

I was diagnosed with minimal change disease, a rare kidney disorder. Without effective treatment, this condition almost always progresses to kidney failure, requiring dialysis or a kidney transplant to survive. Treatment requires strong immune-suppressing medications. I was started on high-dose prednisone, which did suppress my immune system—but also came with severe and toxic side effects. When that failed, a second drug, tacrolimus, was added.

After nearly a year of treatment, my disease was still not controlled, and my health continued to decline. The physical side effects were brutal, and the emotional toll was constant. At that point, I sought a second opinion at the Mayo Clinic. Both my nephrologist in Kansas and the specialist at Mayo independently recommended treatment with rituximab, an antibody infusion commonly used in difficult cases like mine.
Rituximab is expensive, and a prior authorization was required. Given the cost and rarity of the disease, that seemed reasonable. What followed was not.

The request was denied, and I entered a system that felt completely disconnected from modern healthcare. To get any information about my claim or appeal, I had to make phone calls during business hours. There was no single person responsible for my case. Every call meant long hold times, repeated transfers, and inconsistent information. I was working full time and often had to hang up without answers because I simply couldn't stay on hold for hours during the workday.

All written communication came by U.S. mail. I remember receiving an appeal denial letter that was dated almost two weeks before it arrived. When I asked how long an appeal could

take, I was told up to 60 business days – nearly three months after the initial prior authorization was issued. I was advised to request an expedited appeal, but the only way to do so was by fax. I sent the fax, followed up by phone, and after being transferred multiple times, I was told my request did not meet the insurer's criteria for expedited review. My appeal stayed on the original timeline.

At one point, I was told that a "physician" had reviewed my case and denied the treatment because rituximab was supposedly not appropriate for my condition. I had two kidney specialists recommending the same therapy, so I asked if I could speak to the reviewing physician. I was told patients are not allowed to speak with insurance physicians. My nephrologist later did speak with that physician – and I learned the reviewer's specialty was family medicine, not nephrology. In my view, a physician without specialty training should never overrule a specialist managing a rare, life-threatening kidney disease.

After months of delays, fear, and worsening health, my treatment was finally approved. By then, I had endured prolonged exposure to toxic medications, unnecessary suffering, time away from my family and work, and constant anxiety that I might end up on dialysis before approval came through. Thankfully, rituximab has stabilized my condition. Even now, I must go through reauthorization every six months and often experience delays in receiving my medication.

Senate Bill 330 would not eliminate prior authorization – and it should not. What it would do is ensure that patients like me are not harmed by unnecessary delays, poor communication, and unaccountable decision-making.

If Senate Bill 330 had been law:

- My prior authorization and appeal would have been handled through **secure electronic systems**, not phone calls, faxes, and mailed letters.
- Clear **time limits** would have prevented months-long delays while my disease worsened.
- An **expedited appeal process** would have been meaningful and accessible when my health was at risk.
- Any peer-to-peer review would have required a **qualified specialist**, not a physician without expertise in kidney disease.
- Once approved, my treatment would **not require repeated reauthorization for a chronic, ongoing condition.**

Unfortunately, stories like mine are not unique. This bill ensures that prior authorization remains a tool – not a barrier that puts patients' lives at risk.

I would like to disclose one additional fact. In addition to being a patient, I am also a physician. Even with medical training, familiarity with healthcare systems, and the ability to advocate for myself, I found the prior authorization process extraordinarily difficult to navigate. If this system is nearly impossible for a physician to manage while seriously ill, I

ask you to consider what it is like for the average Kansas patient—someone without medical knowledge, without institutional support, and often without the time, health, or resources to persist.

I urge you to support Senate Bill 330. Thank you for your time and consideration.