



Written Testimony for House Bill 2283
Enacting The Ensuring Transparency in Prior Authorization Act
House Committee on Insurance
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Kansas Pharmacists Association - Topeka, Kansas
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Chairman Sutton and Members of the House Committee on Insurance:

Thank you for the opportunity to speak to you today on behalf of our 1,800 member pharmacists, pharmacy technicians, and pharmacy students. The Kansas Pharmacists Association is the statewide professional association that represents pharmacy professionals working in all practice settings. I am here today to ask for your support for HB 2283.

The requirements set forth in HB 2283 governing the interactions between providers and the utilization review entities employed by insurance companies are needed. We see the impact of slow or poor prior authorization practices all too often. And while pharmacies are not usually directly engaged with the entities conducting the prior authorization review, we are all too frequently having to consult a patient that has had a prescription denied during the time it took them to get from their medical provider to our door.

Setting timelines for initial and appeal responses will help patients and providers better plan timely care and, when necessary, plan alternate care. These conditions alone make the bill desirable, in our opinion. However, HB 2283 goes further in addressing some of the most complicated issues related to prior authorizations. We also see great value in the requirements set forth in section 2 of HB 2283, requiring utilization review entities to accept and provide responses through a secure electronic portal, including pharmacy authorizations in a format directly integrated with a physician's electronic health record or electronic prescribing system. We have long been proponents of removing miscommunications from healthcare that result from lost fax transmissions or the over-abundant use of proprietary portals that impede provider access to critical patient care information. This bill is a good start in moving to uniform, required, and effective patient care communications.

The final component of the bill we want to specifically voice our support for is the requirement of a transparency report to the Insurance Commissioner regarding the utilization review entity's prior authorization practices and the data related to those practices across their patient base. We firmly believe that the activities of insurance companies and pharmacy benefit managers are too often allowed to be conducted without proper transparency. This requirement in the bill is a step in the right direction. And while it does not provide the level of detail necessary to address individual issues, it does provide a good overview of the general prior authorization practices of the utilization review entity in the state. We applaud any legislation that provides greater transparency in the insurance industry.

This bill provides a better framework for prior authorizations and addresses some of the most unnecessarily complicated practices seen in patient care. We are glad to support HB 2283.

Chairman Sutton and Committee, thank you for your consideration of HB 2283.