



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Dr. Steven Stites

Executive Vice President, Clinical Affairs
Chief Medical Officer

To: Members of the House Insurance Committee
From: Dr. Steven Stites, Executive Vice President, Clinical Affairs
Chief Medical Officer, The University of Kansas Health System
Date: February 20, 2023
Re: House Bill 2283 – Transparency in Prior Authorization

Chairman Sutton, Vice Chairman Penn, and Ranking Minority Member Neighbor,
Thank you for the opportunity to share testimony in support of HB 2283 –
Transparency in Prior Authorization. I am Dr. Steve Stites, Chief Medical Officer at The
University of Kansas Health System, and a practicing physician.

Prior authorization impacts patients, and providers at every stage in the health care continuum. While there may be a limited number of warranted cases where prior authorization is appropriate, it is clear health plans more often require prior authorization as a cost containment strategy, limiting and restricting access to services. Physicians and their staff, including APRNs, nurses, and support staff spend countless hours examining documents, managing paperwork, faxing documentation, and waiting on hold to talk to health plans to meet their often subjective and not evidence-based requirements. Unfortunately, all of this is necessary so our patients can get the care they need.

Prior authorization as it exists today takes time away from patients. Time which should be at the bedside. It is required for tests, devices, medications, treatments, procedures, and even at discharge when acute care is no longer appropriate and the patient needs a stepped down level of care. The process often delays access to the care needed, creates further inefficiencies throughout healthcare, and in some cases these delays result in actual harm to the patient.

A recent example is an extremely ill transplant patient who came to our hospital urgently needing a ventricular assist device, or VAD. A VAD is a mechanical pump used to support heart function and blood flow in people with weak or failing hearts. The device is implanted in the body and pumps blood from the heart's lower chambers to the rest of the body. On Friday afternoon (December 16), we submitted an emergency prior authorization request to the patient's insurance company. We did not get the authorization until Monday, December 19. This patient waited all weekend for insurance approval so we could go ahead with the necessary procedure.



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We care for patients 24/7, 365 days a year. Yet none of the payors have a weekend escalation process for emergent authorization requests. Delay in care is unfortunately all too common with urgent transplant authorizations averaging 2-3 *business days* and other transplant authorizations averaging 15 *business days*.

Post-acute discharge is another area where we struggle with prior authorization. Avoidable days are defined as days a patient remained in our care due to waiting on a prior authorization. We do not begin documenting a delay until the day after our staff sends the prior authorization. While we track our avoidable days, please note these are under reported as our focus is on patient care. In 2022 we encountered 1,275 *avoidable days*. For further context, an internal supervisor dedicated their time to consistently documenting payor-related delays. This supervisor caught 3.7x more payor-related avoidable delays. These 1,275 days mean a patient who is ready for discharge is occupying a bed which should be available for an acutely ill patient. This affects our ability to accept transfers from other hospitals throughout Kansas and results in delayed care for the sickest of the sickest.

As physicians, we show up every day to provide the best patient care possible with the tools, treatments and expertise we have available. We took an oath to do so. Patients blame their providers when they do not receive the medication they need, a procedure is cancelled due to lack of prior authorization, or an unexpected bill arrives because the care we provided was retroactively denied. They take out their frustrations on physicians, nurses and medical staff which contributes to burnout and loss of staff during a time when healthcare is experiencing a workforce shortage. We commonly hear, "How can we help hospitals?" HB 2283 is a start.

Thank you for allowing me to testify today. I look forward to answering questions at the proper time.