

BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform				
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: AKIN CIL			PHONE NUME 713-824-9	
BUSINESS/ORGANIZATION UH - UMKC	N NAME:		TITLE: CHAIR OF SURGERY	ORTHOPEDIC
ADDRESS: 2301 HOLMES ST				
CITY: KANSAS CITY			STATE: MO	ZIP: <b>64108</b>
EMAIL:		ATTENDANCE:	SUBMIT 0 1/16/20	DATE: 124 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



#### MISSOURI HOUSE OF REPRESENTATIVES

#### WITNESS APPEARANCE FORM

BILL NUMBER: HB 1976				DATE: 1/16/2024
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: AMY R. BECK, PHI	D		PHONE NUM	BER:
OF THE NATIONAL MISSOURI MENTA		RS ASSOCIATION;	TITLE:	
ADDRESS:				
CITY: KANSAS CITY			STATE: MO	ZIP: <b>64114</b>
EMAIL: drbeckadvocates@	gmail.com	ATTENDANCE: Written	SUBMIT I 1/16/20	DATE: <b>024 5:33 PM</b>

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am writing to express enthusiastic support for and request a vote to Do Pass for HB 1976. This request is on behalf of the following associations: Missouri Psychological Association Missouri Chapter of the National Association of Social Workers Missouri Mental Health Counselors Association Missouri Association of School Psychologists



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: ANDREW WHEEL	ER		PHONE NUMB <b>573-893-37</b>	
REPRESENTING: MISSOURI HOSPI	TAL ASSOCIATION		TITLE:	
ADDRESS:				
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: <b>65102</b>
EMAIL:		ATTENDANCE:	SUBMIT D 1/16/20	ATE: <b>24 12:00 AM</b>
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	E PUBLIC ADVOCATE	PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			<u> </u>	
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: In-Person	SUBMIT DATE: 1/16/2024 11:59 PM	
THE INFORMA	TION ON THIS EOD	M IS DUBLIC DECOR	D LINDED CHY	DTED 610 DSMo

This is Common-Sense Legislation and provides Consumer Protections to Missourians. Missouri lives matter and needed treatments NEED to be the priority, See my House Committee Video Archived Testimony.



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOS	ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: CHAKSHU GUPTA	1		PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: chakgupta@gmail	.com	ATTENDANCE: Written	SUBMIT I 1/15/20	DATE: <b>024 10:13 AM</b>	
THE INFORMAT	TION ON THIS EODI	M IS DIRLIC PECOP	D LINDED CHA	DTED 610 DOM	0

Prior authorization has created a tremendous bottleneck for doctor's offices and hospitals, and an expensive administrative burden on a system already facing financial challenges. This bill provides a reasonable solution that both providers and payors should be able to get behind in the interest of our patients.



BILL NUMBER: <b>HB 1976</b>				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: CHRIS ROEPE			PHONE NUME 816-294-04	
REPRESENTING: UNIVERSITY HEAD	LTH KANSAS CITY		TITLE:	
ADDRESS: 205 EAST CAPITOL AVENUE				
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT D 1/16/20	DATE: 24 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



#### MISSOURI HOUSE OF REPRESENTATIVES

#### WITNESS APPEARANCE FORM

BILL NUMBER: HB 1976				DAT <b>1/1</b>	E: <b>6/2024</b>
COMMITTEE: Healthcare Reform	1			•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR IN	IFORMATIO	NAL PURPOSES
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: CHUCK HOLLISTE	:R			NE NUMBER: '-227-0960	
BUSINESS/ORGANIZATION NAME: MISSOURI PSYCHOLOGICAL ASSOCIATION  TITLE: CEO AND DIRECTOR OF PROFESSIONAL AFFAIRS					
ADDRESS: 1051 SOUTH FREMONT AVENUE					
CITY: SPRINGFIELD			STA MO		ZIP: <b>65804</b>
EMAIL: chuckatmopa@gm	nail.com	ATTENDANCE: Written		SUBMIT DATE: <b>1/16/2024 2:</b>	34 PM

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Preauthorization processes, originally designed to ensure our patients receive medically necessary services, have become an albatross around our providers' necks too often undermining the goal of excellence in care. The current system has several troubling problems:1. Patient stress due to uncertainty. Many of our patients face anxiety and uncertainty while waiting for the approval of treatments. This can exacerbate health issues, particularly in cases where immediate treatment is necessary.2. Provider burnout. Recent physician surveys have found that half of physicians report feeling "burnout." Administrative burdens, faced by physicians, particularly in navigating preauthorization problems, were the primary cause. Mental health providers report similar responses. This has caused many in the mental health field to seek employment that does not involve direct Unnecessary increased costs. Operational costs can skyrocket, and have, patient care, 3. due to the expense of managing preauthorization challenges. This is a problem for our physical healthcare providers but is often even more challenging for those providing mental health care. Reimbursement for non-prescribing mental health providers is low and margins are small. Additional administrative costs can make it very hard for providers to provide care and not risk a financial loss. As a result, many health providers have given up accepting insurance and many just refuse to work with certain insurance companies because of the problems they experience. This means that patients being covered by those insurance companies may have trouble securing the services of the best possible mental health provider. Mental health access in and of itself is a serious problem in Missouri. 4. Clerks handling preauthorization requests are often poorly trained in the codes used by mental health providers. Because mental health services are not a big-ticket item, training on the codes used by mental health providers is often a low priority. This leads to unnecessary errors increases in costs and delays and great frustration and upset on the part of providers and patients alike during the preauthorization process.5. Denial of necessary treatments: Insurance companies may deny preauthorization for treatments they deem unnecessary or not covered, leading to disagreements between healthcare providers and insurers about what constitutes necessary care. In the mental health field, psychological testing seems to be a favorite target for insurance companies. This has made it almost impossible to consistently provide testing for cases where a neuropsychological problem or autism is the center of focus. The time it takes to resolve these issues can be greater than the time it takes to provide treatment. Many mental providers simply take the financial loss because of this. They also may take a loss so as not to irritate the insurance companies that are making referrals to them, even if they feel they were treated unfairly.6. Impact on doctor-patient relationship: The preauthorization process can strain the relationship between doctors and patients. Doctors may feel pressured to alter their treatment plans based on what is likely to be authorized, rather than what is

best for the patient. Our providers can feel that they are working for the insurance companies and not their patients. 7. Inconsistent criteria across insurers: Different insurance companies have varying criteria for preauthorization, leading to inconsistency and confusion among healthcare providers about the requirements for different patients. Again, poor staff training can complicate this further. Providers must spend unnecessary time learning these various criteria instead of being focused on patient care. 8. Potential for Increased healthcare costs: Why is healthcare so much more expensive in the United States than in other countries? Administrative costs, like those involved in preauthorization, are a large part of the answer. 9. Risk of uncompensated care: If preauthorization is not obtained in situations where it's required, healthcare providers risk not being reimbursed for their services, which can lead to financial losses. Families can be left with medical bills they are unable to afford to pay. We are pleased that the committee is examining the role preauthorization plays in raising the costs of care and in how it contributes to patient stress and provider burnout. We support HB 1976.



BILL NUMBER: <b>HB 1976</b>				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: DAVID JACKSON			PHONE NUMB <b>314-406-2</b> 9	
REPRESENTING: JEFFERSON CITY	MEDICAL GROUP		TITLE:	
ADDRESS: PO BOX 1865				
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65102</b>
EMAIL:		ATTENDANCE:	SUBMIT D 1/16/20	OATE: 24 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 1976				DATE: 1/16/2024
COMMITTEE: Healthcare Reform	l		·	
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: DAVID WINTON			PHONE NUMBE 573-635-60	=
	IATION OF SOCIAL W	RURAL HEALTH CLINICS, ORKERS MO CHAPTER,	TITLE:	
ADDRESS: PO BOX 1805			•	
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:		ATTENDANCE:	SUBMIT DA 1/16/202	ATE: 24 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECORD	UNDER CHAP	PTER 610, RSMo.



BILL NUMBER: <b>HB 1976</b>			DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform		•	
<b>TESTIFYING</b> : <b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: ELLEN SCHAUMBERG		PHONE NUMBER	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: ellschaumberg@gmail.com	ATTENDANCE: Written	SUBMIT DA 1/15/202	TE: 4 12:30 PM

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

The Prior Authorization process in our office is extremely complicated - each payor has their own rules that they apply. Trying to maintain staff and have them adequatedly trained to anticipate what an insurance company requires on a given day is challenging. Patients must wait for care while payors decide if they are going to approve a test or referral - and at time care is delayed even when we know that 99% of the time they will approve it. We must log into multiple websites to find our the status of our requests. There needs to be better way- payors should be required to follow some sort of standardized way of providing this information back to the clinic and/or patient.



BILL NUMBER: <b>HB 1976</b>			DATE: 1/16/2024
COMMITTEE: Healthcare Reform			
<b>TESTIFYING</b> : <b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBE 219-229-110	
REPRESENTING: MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS TITLE: REGISTERED LOBBYIST			ED LOBBYIST
ADDRESS: 710A SOULARD			
CITY: ST. LOUIS		STATE: MO	ZIP: <b>63104</b>
EMAIL: webb@coestrategies.com	ATTENDANCE: Written	SUBMIT DA 1/16/202	TE: <b>4 4:47 PM</b>

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

The Missouri Chapter, American Academy of Pediatrics, and our more than 1,100 physicians, trainees, and pediatric-provider members strongly support removing barriers for patients to access routine care and allow providers to ensure patient needs are met.



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JEFF HOWELL			PHONE NUME <b>573-636-5</b>	
REPRESENTING: MISSOURI STATE	MEDICAL ASSOCIATI	ON	TITLE:	
ADDRESS: 113 MADISON				
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT 0 1/16/20	DATE: 124 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 1976			DATE: 1/16/2024
COMMITTEE: Healthcare Reform		·	
<b>TESTIFYING:</b>	☐ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES
	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: JESSICA NICHOLS		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME: UNIVERSITY OF MISSOURI HEALTH CARE		DIRECTOR CLEARANG	R FINANCIAL CE
ADDRESS: 1 HOSPITAL DR			
CITY: COLUMBIA		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DA 1/16/202	ATE: 24 12:00 AM
THE INFORMATION ON THIS FOR	M IS PUBLIC RECORD	UNDER CHAP	PTFR 610, RSMo.



#### MISSOURI HOUSE OF REPRESENTATIVES

#### WITNESS APPEARANCE FORM

BILL NUMBER: HB 1976				OATE: 1 <b>/16/2024</b>
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMAT	IONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JOANNE LOETHE	N		PHONE NUMBER	:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: joanneloethen@gi	mail.com	ATTENDANCE: Written	SUBMIT DATI 1/15/2024	E: 7:46 PM

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Thank you to this committee for hearing this bill. I am a primary care physician in Kansas City (District 26) writing in SUPPORT of HB 1976 to help streamline the prior authorization (PA) process and reduce the patient harm that results from this administrative burden. Prior authorization is a costly and time consuming process for our medical practices. It is delaying access to clinically appropriate care for patients and reducing patient access to our healthcare teams. Instead of helping educate and care for patients, our teams are spending hours (yes, hours) each week sitting on the phone with insurance companies & pharmacies, faxing records, filling out lengthy forms, and appealing denials for common sense and clinically indicated medications. What follows is one of the many stories of PAs harming patient care. A patient of mine has a condition called interstitial cystitis – a condition of the bladder that can cause severe and debilitating bladder and pelvic pain. Before establishing care with me in 2021, he had tried and failed various first-line therapies. Because of this, he required a more expensive, but effective medicine to control his symptoms (a medication called Elmiron). His condition was successfully controlled on this medicine when he established care with me in 2021. However, when he switched employers in the Fall of 2023, his insurance changed. When I submitted a refill request for his medication, I was informed that a PA was required to approve coverage for this medicine. My team submitted the appropriate documentation, but the PA was denied. His new insurance claimed that he had not failed first-line therapies. When I appealed to explain the patient's history of trying and failing multiple first-line therapies, the request was again denied stating that I had not yet supplied documentation of his trial and failure of these cheaper therapies. The patient, himself, was able to track down records from his prior physician which documented his failure of first-line therapies. Three (3) months, multiple appeals, and countless hours spent by my patient, myself, and my team to convince the insurance company of the need for this medication, it was finally approved. To my knowledge, no adverse event occurred for my patient when he experienced this gap in therapy. I shudder to think if this delay had occurred for a chemotherapy agent for a patient with metastatic breast cancer, a blood thinner for a patient at risk for blood clots, or insulin for a patient with Type 1 diabetes - all true examples from my colleagues about how the unregulated prior authorization is harming patients. This bill is a start to reigning in the overly burdensome administrative requirements imposed by insurance companies that are restricting access to care, creating delays, and contributing to the burnout of our health care workforce. Thank you for considering this important bill.



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
<b>BUSINESS/ORG</b>	ANIZATION:			
WITNESS NAME: JOHN PAULSON [	DO PHD		PHONE NUME <b>573-635-0</b>	
BUSINESS/ORGANIZATION MISSOURI ACADE	ON NAME: EMY OF FAMILY PHYSI	CIANS	TITLE: PAST PRE	ESIDENT
ADDRESS: 722 W HIGH				
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT 0 1/16/20	DATE: 124 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: KYNA IMAN			PHONE NUME <b>314-651-1</b>	
REPRESENTING: MISSOURI NURSES	SASSOCIATION		GOVERNI CONSULT	
ADDRESS: P.O. BOX 1483				
CITY: JEFFERSON CITR			STATE: MO	ZIP: <b>63044</b>
EMAIL: kynaiman@earthlir	nk.net	ATTENDANCE: Written	SUBMIT 0 1/16/20	DATE: 1 <b>24 4:47 PM</b>
THE INFORMAT	TON ON THIS FORM	MISPUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



#### MISSOURI HOUSE OF REPRESENTATIVES

#### WITNESS APPEARANCE FORM

BILL NUMBER: HB 1976				DATE: 1/16/2024
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: MATT PROKOP			PHONE NUM <b>402-826-7</b>	
REPRESENTING: ALS ASSOCIATIO	N		TITLE: MANAGIN ADVOCA	IG DIRECTOR, CY
ADDRESS: 1300 WILSON BOULEVARD, SUITE 600				
CITY: ARLINGTON			STATE: <b>VA</b>	ZIP: <b>22209</b>
EMAIL: matt.prokop@als.o	org	ATTENDANCE: Written	SUBMIT 1/16/20	DATE: <b>)24 5:49 PM</b>

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

January 16, 2024The Honorable Kent HadenChair, Healthcare Reform 201 West Capitol AvenueRoom 311Re: Support for Prior Authorization Reform and Its Beneficial Impact on People Living with Amyotrophic Lateral Sclerosis (ALS)Dear Chair Haden and members of the Healthcare Reform Committee, On behalf of The ALS Association and the 462 people living with ALS served annually in Missouri, we urge you to support HB 1976, which will reform the prior authorization process and have a positive impact on people living with ALS.ALS is a progressive neurodegenerative disease that affects the nerve cells responsible for controlling voluntary muscle movement. It is a devastating condition that leads to the gradual loss of muscle function, eventually rendering individuals unable to speak, eat, or breathe independently. Given the severity and rapid progression of ALS, timely access to necessary medical interventions, treatments, and support services is paramount. Currently, the prior authorization process poses significant obstacles and delays for ALS patients, impeding their access to critical treatments and therapies. According to the AMA, 91% of physicians said that prior authorization requirements had a somewhat or significant negative impact on patients' clinical outcomes. In addition, the cumbersome nature of prior authorization requirements not only undermines the quality of care but also exacerbates the physical, emotional, and financial burdens faced by people living with ALS and their families. In a 2022 ALS Association survey of people living with ALS and their families, approximately one in three participants report having care prescribed by their physician delayed or denied as the result of prior authorization requests. These denials were most often for medications, mobility equipment, or in-home care services. Implementing reform in prior authorization practices would alleviate these burdens and enhance the quality of life for people living with ALS. The following are key benefits that reform would bring:1. Timely Access to Care: Eliminate unnecessary delays in accessing treatments, therapies, medications, and assistive devices. Prompt initiation of these interventions is vital to slow disease progression and provide maximum relief and support to Reduced Administrative Burden: Reforming this process would allow healthcare professionals to focus on delivering timely and comprehensive care to people living with ALS.3.

Enhanced Patient-Physician Relationship: A strong patient-physician relationship is crucial in managing ALS effectively, ensuring that treatment decisions are made collaboratively and tailored to the specific needs of the individual.4. Improved Quality of Life: Swift access to interventions such as mobility aids, speech therapy, nutritional support, and palliative care can significantly enhance the quality of life for people living with ALS.5. Financial Relief: Reforms in the prior authorization process would reduce out-of-pocket expenses, lessen the need for appeals, and provide financial relief to those grappling with mounting healthcare costs.Additional reforms that would make the prior authorization process less burdensome for Missourians living with

ALS include standardized PA forms and lengths of time for PA review, as well as prohibitions on retrospective denials. I invite the opportunity to discuss these policy considerations in greater depth. In conclusion, I implore the Health Reform Committee to support HB 1976 and recognize the pressing need for prior authorization reform, particularly concerning the care of people living with ALS. By implementing more efficient and patient-centered processes, you can positively impact the lives of countless individuals living with this devastating disease. Please consider taking decisive action to improve the prior authorization system. Thank you for your attention and anticipated support. I remain hopeful that together, we can make a tangible difference in the lives of those affected by ALS. Should you require further information or wish to discuss this matter, please do not hesitate to contact me at matt.prokop@als.org. Sincerely,Matt ProkopManaging Director, Advocacy ALS Association



#### MISSOURI HOUSE OF REPRESENTATIVES

#### WITNESS APPEARANCE FORM

BILL NUMBER: HB 1976				DATE: 1/16/2024
COMMITTEE: Healthcare Reform				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: MATT PROKOP			PHONE NUM <b>402-826-7</b>	
REPRESENTING: ALS ASSOCIATION	N		TITLE: MANAGII ADVOCA	NG DIRECTOR, CY
ADDRESS: 1300 WILSON BOULEVARD, SUITE 600				
CITY: <b>ARLINGTON</b>			STATE: VA	ZIP: <b>22209</b>
EMAIL: matt.prokop@als.c	org	ATTENDANCE: Written	SUBMIT 1/16/2	DATE: <b>024 2:52 PM</b>

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

January 16, 2024The Honorable Kent HadenChair, Healthcare Reform 201 West Capitol AvenueRoom 311Re: Support for Prior Authorization Reform and Its Beneficial Impact on People Living with Amyotrophic Lateral Sclerosis (ALS)Dear Chair Haden and members of the Healthcare Reform Committee, On behalf of The ALS Association and the 462 people living with ALS served annually in Missouri, we urge you to support HB 1976, which will reform the prior authorization process and have a positive impact on people living with ALS.ALS is a progressive neurodegenerative disease that affects the nerve cells responsible for controlling voluntary muscle movement. It is a devastating condition that leads to the gradual loss of muscle function, eventually rendering individuals unable to speak, eat, or breathe independently. Given the severity and rapid progression of ALS, timely access to necessary medical interventions, treatments, and support services is paramount. Currently, the prior authorization process poses significant obstacles and delays for ALS patients, impeding their access to critical treatments and therapies. According to the AMA, 91% of physicians said that prior authorization requirements had a somewhat or significant negative impact on patients' clinical outcomes. In addition, the cumbersome nature of prior authorization requirements not only undermines the quality of care but also exacerbates the physical, emotional, and financial burdens faced by people living with ALS and their families. In a 2022 ALS Association survey of people living with ALS and their families, approximately one in three participants report having care prescribed by their physician delayed or denied as the result of prior authorization requests. These denials were most often for medications, mobility equipment, or in-home care services. Implementing reform in prior authorization practices would alleviate these burdens and enhance the quality of life for people living with ALS. The following are key benefits that reform would bring:1. Timely Access to Care: Eliminate unnecessary delays in accessing treatments, therapies, medications, and assistive devices. Prompt initiation of these interventions is vital to slow disease progression and provide maximum relief and support to Reduced Administrative Burden: Reforming this process would allow healthcare professionals to focus on delivering timely and comprehensive care to people living with ALS.3.

Enhanced Patient-Physician Relationship: A strong patient-physician relationship is crucial in managing ALS effectively, ensuring that treatment decisions are made collaboratively and tailored to the specific needs of the individual.4. Improved Quality of Life: Swift access to interventions such as mobility aids, speech therapy, nutritional support, and palliative care can significantly enhance the quality of life for people living with ALS.5. Financial Relief: Reforms in the prior authorization process would reduce out-of-pocket expenses, lessen the need for appeals, and provide financial relief to those grappling with mounting healthcare costs.Additional reforms that would make the prior authorization process less burdensome for Missourians living with

ALS include standardized PA forms and lengths of time for PA review, as well as prohibitions on retrospective denials. I invite the opportunity to discuss these policy considerations in greater depth. In conclusion, I implore the Health Reform Committee to support HB 1976 and recognize the pressing need for prior authorization reform, particularly concerning the care of people living with ALS. By implementing more efficient and patient-centered processes, you can positively impact the lives of countless individuals living with this devastating disease. Please consider taking decisive action to improve the prior authorization system. Thank you for your attention and anticipated support. I remain hopeful that together, we can make a tangible difference in the lives of those affected by ALS. Should you require further information or wish to discuss this matter, please do not hesitate to contact me at matt.prokop@als.org. Sincerely,Matt ProkopManaging Director, Advocacy ALS Association Sources: 1. https://www.ama-assn.org/practice-management/prior-authorization/why-prior-authorization-bad-patients-and-bad-business2. https://www.als.org/research/als-focus/survey-results/survey-6-results



BILL NUMBER: HB 1976				DATE: 1/16/2024
COMMITTEE: Healthcare Reform				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: MEAGAN HOWER	ГОП		PHONE NUMI <b>573-418-7</b>	
REPRESENTING: MOSAIC LIFE CAR	E		BRENT H ASSOCIA	EMPHILL AND TES
ADDRESS: 229 MADISON ST.				
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: meagan@brenthen	nphill.com	ATTENDANCE: In-Person	SUBMIT 1/16/20	DATE: <b>)24 6:05 PM</b>
THE INFORMATION ON THIS FORM IS BUILD IC BECORD LINDER CHARTER 640, BCM				

My name is Meagan Howerton and I represent Mosaic Life Care, a hospital is St. Joseph and I am testifying in support of HB 1976.



BILL NUMBER: <b>HB 1976</b>				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SARAH SCHLEME	EIER		PHONE NUME <b>573-634-4</b> 8	
REPRESENTING: QUEST DIAGNOS	TICS		TITLE:	
ADDRESS: 213 EAST CAPITO	L AVENUE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 1976			DATE: 1/16/2024	
COMMITTEE: Healthcare Reform				
TESTIFYING: VIN SUPPORT	OF IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
	WITNESS NAME			
REGISTERED LOBBYIST:				
WITNESS NAME: SHANON HAWK		PHONE NUMI <b>573-659-6</b>		
REPRESENTING: MISSOURI SOCIETY OF EYE PHYSICIANS AND SURGEONS		TITLE:	TITLE:	
ADDRESS: 101 E HIGH STREET, FIRST FLOOR				
CITY: JEFFERSON CITY		STATE: MO	ZIP: <b>65101</b>	
EMAIL: shawk727@gmail.com	ATTENDANCE: Written	SUBMIT   1/16/20	DATE: 024 3:01 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Thank you for giving this legislation early consideration. The prior authorization process has created significant administrative burdens on medical offices and hospitals which slows down the process for patients in need of treatment. MoSEPS, which are the eyeMDs/surgeons, strongly supports this legislation.



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SUZANNE MCGIN	NIS		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: suzmas4@yahoo.	com	ATTENDANCE: Written	SUBMIT 0 1/16/20	DATE: 124 6:13 PM
THE INFORMATION ON THIS FORM IS PURI IC RECORD LINDER CHAPTER 610, RSMo				

As a parent of a child who had a leg tumor, I am all for this bill. We had to jump through so many hoops to get the testing done, and then treatment. The amount of time spent by myself and the doctor's office is sad. As someone who has worked in the medical field for 30 years, insurance companies have been hindering care for years.



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform				
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORGA	ANIZATION:			
WITNESS NAME: TERESA COYAN			PHONE NUME <b>417-689-4</b>	
BUSINESS/ORGANIZATION COXHEALTH	N NAME:		TITLE: CHIEF OF RELATION	STAFF/VP GOV
ADDRESS: 3850 S NATIONAL	AVE SUITE 500			
CITY: SPRINGFIELD			STATE: MO	ZIP: <b>65807</b>
EMAIL:		ATTENDANCE:	SUBMIT I 1/16/20	DATE: <b>)24 12:00 AM</b>
THE INFORMAT	ION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



BILL NUMBER: <b>HB 1976</b>				DATE: <b>1/16/2024</b>	
COMMITTEE: Healthcare Reform	1		•		
TESTIFYING:	☐IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: CHRIS LONG			PHONE NUMB <b>573-680-9</b> 2		
REPRESENTING: ST. LOUIS AREA I	BUSINESS HEALTH CO	DALITION	TITLE:		
ADDRESS: 1319 FRIENDSHIP	RD				
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65101</b>	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM		
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.	



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: DAVID WILLIS			PHONE NUME 816-719-9	
REPRESENTING: MISSOURI HEALT	H PLAN ASSOCIATION	l	TITLE:	
ADDRESS: 331 MADISON				
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				



BILL NUMBER: <b>HB 1976</b>				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	$\square$ IN SUPPORT OF	▼IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LOBBYIST:				
WITNESS NAME: MICHAEL GROTE			PHONE NUMB <b>573-424-5</b> 2	
REPRESENTING: CVS HEALTH			TITLE:	
ADDRESS: P.O. BOX 635				
CITY: COLUMBIA			STATE: MO	ZIP: <b>65205</b>
EMAIL: <b>mike@ga2.us</b>		ATTENDANCE: Written	SUBMIT DATE: 1/16/2024 5:25 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				



BILL NUMBER: HB 1976				DATE: <b>1/16/2024</b>
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	$\square$ IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: PHONE NUMBER: 573-893-4241				
REPRESENTING: MISSOURI INSURANCE COALITION			GENERAL COUNSEL AND GOVERNMENT AFFAIRS DIRECTOR	
ADDRESS: 220B E HIGH ST				
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65109</b>
EMAIL: mike@moinsurand	ecoalition.com	ATTENDANCE: In-Person	SUBMIT D 1/16/20	DATE: 124 12:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610 RSMo				

The Missouri Insurance Coalition opposes HB 1976.



### MISSOURI HOUSE OF REPRESENTATIVES

#### WITNESS APPEARANCE FORM

BILL NUMBER: HB 1976				DATE: 1/16/2024
COMMITTEE: Healthcare Reform	n			,
TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORI	MATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: NIA RAY			PHONE NUI <b>503-930-</b>	
BUSINESS/ORGANIZATIO				GOVERNMENT S DIRECTOR
ADDRESS: 5766 PERSHING A	VENUE			
CITY: ST. LOUIS			STATE: MO	ZIP: <b>63112</b>
EMAIL: nia.ray@cignahea	lthcare.com	ATTENDANCE: Written	SUBMIT 1/16/2	T DATE: 2024 9:55 AM

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Cigna Healthcare requests the Healthcare Reform Committee consider alternatives to the gold carding provisions contained within HB 1976. Our experiences have shown gold carding results in serious negative impacts to employers and patients. The policies:

Increase inappropriate care and costs, while not positively changing long-term behavior;

Result in greater confusion and Eliminate important benefits of utilization review. Utilization review plays a critical role in helping patients receive high-quality, evidence-based care, and it keeps costs down for the entire health care system. The adoption of HB 1976 would dramatically curtail benefits for patients, while also creating greater confusion and administrative burden for providers. We believe there are ways to streamline utilization review that create a better experience for providers without sacrificing patient care.



BILL NUMBER: HB 1976			DATE: 1/16/2024	
COMMITTEE: Healthcare Reform			•	
TESTIFYING: IN SUPP	ORT OF IN OPPOSITION	ON TO ☐ FOR INFORM	MATIONAL PURPOSES	
	WITNESS NAM	IE .		
REGISTERED LOBBYIST:				
WITNESS NAME: SEAN STEPHENSON		PHONE NUM <b>240-909-</b> 1		
REPRESENTING: TITLE: PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION				
ADDRESS: 325 7TH STREET NW				
CITY: WASHINGTON		STATE: DC	ZIP: <b>20004</b>	
EMAIL:	ATTENDANCE:		SUBMIT DATE: 1/16/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				



BILL NUMBER: HB 1976			DATE: 1/16/2024	
COMMITTEE: Healthcare Reform		·		
TESTIFYING: IN SUPPORT OF	F IN OPPOSITION TO	FOR INFORMA	ATIONAL PURPOSES	
	WITNESS NAME			
REGISTERED LOBBYIST:				
WITNESS NAME: SHANNON COOPER		PHONE NUMBI 660-890-14		
REPRESENTING: AMERICA'S HEALTH INSURANCE PL	ANS	TITLE:		
ADDRESS: 208 MADISON				
CITY: JEFFERSON CITY		STATE: MO	ZIP: <b>65101</b>	
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				