



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 618		DATE: 2/3/2025
COMMITTEE: Insurance		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AKIN CIL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: akin.cil@uhkc.org	ATTENDANCE: Written	SUBMIT DATE: 2/1/2025 1:34 PM

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

Testimonial in Support of HB 618 – Prior Authorization Reform Akin Cil, MD, MBA, Chair, Department of Orthopaedic Surgery, UMKC Chairperson and members of the committee, my name is Dr. Akin Cil. I am an orthopedic surgeon specializing in shoulder and elbow surgery, and I serve as the Chair of the Department of Orthopaedic Surgery at UMKC. I appreciate the opportunity to write a testimonial in support of HB 618, a bill that aims to reform the burdensome prior authorization process. To illustrate the urgent need for change, I'd like to share a real-life example of how prior authorization delays directly impact patient care. A patient had suffered a four-part proximal humerus fracture couple of days earlier and was evaluated at a local emergency room in Clinton, Missouri. The ER referred him to a general orthopedic surgeon, who determined he needed a specialist. Patient then traveled over 90 miles to my hospital in Kansas City to receive the specialized care he needed. Upon evaluating him, I knew two things with certainty: he required an advanced imaging study (a CAT scan), and he needed urgent surgery. These were not discretionary decisions—they were standard of care. Yet, despite the urgency, I could not proceed that same day because of prior authorization requirements. His insurance mandated approval before the CT scan, forcing the patient to return home and come back for the scan on a separate visit. Once the scan was completed, he had to return yet again for me to confirm what I already knew—he needed surgery. But before proceeding, yet another prior authorization request was required to be able to do his surgery, delaying his treatment further. This is an all-too-common scenario, and the data supports what physicians experience daily. In a recent multi-state study involving orthopedic shoulder and elbow specialists, we found that: • 93% of prior authorization requests for advanced imaging and surgical procedures were initially approved • After appeals, 96.5% of requests were ultimately approved • Only 1% of requests were truly denied • Jarrett CD, Dawes A, Abdelshahed M, Cil A, Denard P, Port J, Weinstein D, Wright MA, Bushnell BD. The impact of prior authorization review on orthopaedic subspecialty care: a prospective multicenter analysis. J Shoulder Elbow Surg. 2024 Jun;33(6):e336-e342. doi: 10.1016/j.jse.2023.10.004. Epub 2023 Nov 20. PMID: 37993089. Despite this, 100% of patients experience delays, additional visits, and unnecessary suffering due to this bureaucratic obstacle. The Burden of Prior Authorization on Physicians and Staff Prior authorization is not just a barrier for patients—it places an enormous administrative and financial strain on physician practices. From the Texas Orthopaedic Association's experience, we see: • Every prior authorization task requires an average of five interactions before approval • Administrative costs are skyrocketing, with one orthopedic practice reporting \$525,000 per year in costs dedicated to prior authorization tasks • Full-time staff dedicated to prior authorizations increased from 9 employees in 2019 to 12 employees today In my own hospital, two out of five workdays per week are spent solely on prior authorization requests. At my institution, we process 45 prior authorizations per week, taking valuable resources away from patient care. Learning from Texas: The Gold Card System In 2021, Texas passed HB 3459, which allows

physicians to earn continuous exemption from prior authorization if they achieve a 90% approval rate over six months for a given service. While implementation challenges exist, this reform highlights an important point: if nearly all prior authorization requests are ultimately approved, why require them in the first place? Conclusion: The Need for HB 618 Prior authorization was originally intended to reduce unnecessary procedures and costs, but in practice, it has become an obstacle to timely, necessary care. The vast majority of requests are approved, yet patients are forced to wait, and doctors are burdened with redundant paperwork. Meanwhile, our patients—who needed urgent surgical care—are forced to endure needless delays that compromise outcomes. As physicians, we take an oath to put our patients first. The current prior authorization system hinders our ability to do so. I urge this committee to support HB 618 to ensure that patients receive the timely care they need without unnecessary administrative roadblocks. Respectfully submitted, Akin Cil MD, MBA University Health and UMKC



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ALEX TUTTLE		PHONE NUMBER: 636-721-5022	
REPRESENTING: GOLDEN VALLEY MEMORIAL HOSPITAL		TITLE: LOBBYIST	
ADDRESS: 62069 ALLEE RD			
CITY: CALIFORNIA		STATE: MO	ZIP: 65018
EMAIL: aletutt@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2025 1:04 PM	
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Testimony in support of HB 618 on behalf of Golden Valley Memorial Hospital.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ALEX TUTTLE		PHONE NUMBER: 636-751-5022	
REPRESENTING: HANNIBAL REGIONAL HEALTHCARE SYSTEM		TITLE: LOBBYIST	
ADDRESS: 62069 ALLEE RD.			
CITY: CALIFORNIA		STATE: MO	ZIP: 65018
EMAIL: aletutt@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2025 12:59 PM	

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Testimony in support of HB 618 on behalf of Hannibal Regional Medical Center.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ALEX TUTTLE		PHONE NUMBER: 636-751-5022	
REPRESENTING: UNIVERSITY HEALTH		TITLE: LOBBYIST	
ADDRESS: 62069 ALLEE RD			
CITY: CALIFORNIA		STATE: MO	ZIP: 65018
EMAIL: aletutt@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2025 1:18 PM	

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Testimony in support of HB 618 on behalf of University Health, in addition to delayed access to care, prior authorization requirements also add an additional cost of \$2m in administrative costs for the Hospital.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: AMY ZGUTA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 500 NORTH KEENE STREET, SUITE 101			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ANDREW WHEELER		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/3/2025 11:15 PM
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I am in Support of this Bill and its intension to better serve the health of Missourians for the betterment of Lives. I Supported this Bill in 2024. This Bill is a Pro-Missouri Patient Bill that prior authorization for prior routine Exams and Tests that have been ordered and conducted by Medical Staff in the past.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRIANNA COPE		PHONE NUMBER: 573-884-9450	
BUSINESS/ORGANIZATION NAME: UNIVERSITY OF MISSOURI HEALTHCARE		TITLE: INTERIM DIRECTOR FINANCIAL	
ADDRESS: 2401 LEMONE INDUSTRIAL BOULEVARD			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS; MISSOURI PSYCHOLOGICAL ASSOCIATION		TITLE: REGISTERED LOBBYIST	
ADDRESS: PO BOX 1219			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2025 1:18 PM	
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The Missouri Chapter of the American Academy of Pediatrics, representing 1,100 physicians, trainees, and pediatric provider members throughout Missouri strongly supports reducing barriers to payment for physicians and medical providers. The Missouri Psychological Association also strongly supports reducing barriers to payment for health care professionals.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: HANNAH THROWER		PHONE NUMBER: 314-779-6080	
BUSINESS/ORGANIZATION NAME: BARNES JEWISH HOSPITAL		TITLE:	
ADDRESS: 9 JUPITER DRIVE			
CITY: BELLEVILLE		STATE: IL	ZIP: 62226
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HEIDI N. LUCAS		PHONE NUMBER: 573-616-2740	
REPRESENTING: MISSOURI RURAL HEALTH ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: PO BOX 232			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: hlucas@morha.org	ATTENDANCE: Written	SUBMIT DATE: 2/3/2025 10:05 AM	

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My name is Heidi Lucas, and I am the Executive Director of the Missouri Rural Health Association. I am here today to express our strong support for House Bill 618, which aims to reform the prior authorization process in our state. As an organization dedicated to improving the health and well-being of rural Missourians, we have seen firsthand the significant challenges that the current prior authorization system imposes on patients and healthcare providers. The bureaucratic hurdles and delays often result in critical treatment being postponed, leading to adverse health outcomes, particularly in rural areas where access to healthcare is already limited. House Bill 618 addresses these issues by streamlining the prior authorization process, ensuring that decisions are made in a timely manner, and reducing the administrative burden on healthcare providers. This bill is a crucial step towards improving the efficiency of our healthcare system and ensuring that patients receive the care they need without unnecessary delays. The American Medical Association's survey on prior authorization highlights the widespread frustration among healthcare providers, with many reporting that the process leads to delayed care and negative impacts on patient health. Additionally, there is an urgent need for legislative action to address the systemic inefficiencies and patient care delays caused by the current prior authorization process, which often leads to significant administrative burdens and negative health outcomes. By passing House Bill 618, Missouri will join other states in taking a stand against the red tape that hinders patient care. This legislation will not only benefit patients and providers but also contribute to a more efficient and effective healthcare system overall. In conclusion, the Missouri Rural Health Association strongly supports House Bill 618 and urges the Committee to advance this important legislation. Thank you for the opportunity to testify today, and I am happy to answer any questions you may have. Respectfully, Heidi N. Lucas, Executive Director, Missouri Rural Health Association



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACOB SCOTT		PHONE NUMBER: 573-691-5708	
REPRESENTING: MISSOURI STATE ORTHOPAEDIC ASSOCIATION; MISSOURI STATE MEDICAL ASSOCIATION		TITLE: DIRECTOR OF LEGISLATIVE AFFAIRS	
ADDRESS: 113 MADISON ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: jscott@msma.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2025 9:00 AM	
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In support of the bill



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JENNIFER KOZINN		PHONE NUMBER: 816-691-2038
REPRESENTING: NORTH KANSAS CITY HOSPITAL		TITLE:
ADDRESS: 2801 CLAY EDWARDS DRIVE		
CITY: NORTH KANSAS CITY		STATE: MO
		ZIP: 64112
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092
REPRESENTING: REACH HEALTHCARE FOUNDATION, MO ASSOCIATION OF RURAL HEALTH CLINICS, RANKEN JORDAN, NATIONAL ASSOCIATION OF SOCIAL WORKERS MO CHAPTER		TITLE:
ADDRESS: PO BOX 1805		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: jessica@wintonpolicygroup.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2025 2:30 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOANNE LOETHEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/3/2025 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOSEPHINE GLASER MD. FAAFP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/3/2025 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIA FLAX, M.D.		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: julia.flax@coxhealth.com	ATTENDANCE: Written	SUBMIT DATE: 1/30/2025 2:40 PM

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

Written Testimony in Support of Missouri House Bill 618 To the Members of the Missouri House of Representatives, I am writing to express my strong support for Missouri House Bill 618, which addresses critical reforms in the prior authorization process for healthcare services. As a family physician and the medical director for a health insurance plan, I have witnessed firsthand the significant impact that administrative burdens can have on both healthcare providers and patients. House Bill 618 proposes to bypass prior authorizations if 90% of a physician's prior authorizations were approved in the previous six-month period. This legislation is modeled after successful initiatives in other states and has the potential to greatly benefit both physicians and insurers by reducing administrative complexity while ensuring appropriate utilization of healthcare services. In addition, decreasing administrative complexity is crucial for improving patient care. The current prior authorization process often leads to delays in treatment, causing unnecessary stress and potential health risks for patients. By streamlining this process, HB 618 will allow me to focus more on patient care rather than administrative tasks. This will lead to more timely and effective treatments, ultimately enhancing health outcomes for Missourians. For physicians like myself, the reduction in administrative burden means more time I can dedicate to direct patient care. This not only improves the quality of care I am providing for my patients, but also enhances job satisfaction and reduces burnout among healthcare providers. For insurers, the streamlined process ensures that resources are used more efficiently, reducing unnecessary costs associated with managing prior authorizations. The proposed legislation aligns with the principles of whole-person health by facilitating a more efficient healthcare delivery system. By reducing administrative barriers, I can better address the comprehensive needs of my patients, including medical, behavioral, and social determinants of health. This holistic approach is essential for promoting overall well-being and improving health outcomes of Missourians. In conclusion, I strongly support Missouri House Bill 618 and urge the members of the Missouri House of Representatives to pass this important legislation. The benefits of reducing administrative complexity are clear: improved patient care, enhanced physician satisfaction, and more efficient use of healthcare resources. I believe that HB 618 is a crucial step towards a more effective and patient-centered healthcare system in Missouri. Thank you for your consideration. Sincerely, Julia Flax, M.D. Chief Population Health Officer at CoxHealth Family Physician Medical Director for CoxHealth Plans



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JUSTIN ALFERMAN		PHONE NUMBER: 636-667-1093	
REPRESENTING: SSM HEALTH		TITLE: DIRECTOR OF GOVERNMENT RELATIONS	
ADDRESS: 12800 CORPORAT DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63131
EMAIL: Justin.Alferman@ssmhealth.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2025 11:16 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KARSTAN LUCHINI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karstanluchini@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/1/2025 5:44 PM

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To the Members of the Missouri House of Representatives, I am writing to express my strong support for House Bill 618, which addresses critical reforms in the prior authorization process for healthcare services. As an in-training Family Medicine physician, I am newly experiencing the challenges that the prior authorization process places on my daily practice. Although I am new to the profession, it is becoming increasingly evident how difficult administrative burdens can make my and other primary care physicians' jobs. In my residency program, we have 36 residents who serve a patient population of roughly 10,500 patients in urban and underserved Kansas City. Unfortunately, due to many factors in this patient population, there is an overwhelming prevalence of chronic illness that my co-residents and I combat daily. With such a high volume of medications and procedures requiring prior authorization, our institution has been forced to increase spending on administrative employees to handle the workload associated with submitting and processing claims to insurance companies. This creates a direct barrier to the delivery of efficient and effective patient care. I have directly observed the following negative impacts of the prior authorization process on our patients:

1. Delays in care and medication access: These delays often lead to deteriorating health conditions and worsening complications.
2. Disrupted treatment plans: Patients may be forced to continue care with less effective alternative medications for their chronic conditions.
3. Reduced medication adherence: Insurance denials frequently require re-submission of prior authorization requests. These denials result in patients being placed on less effective alternatives, which can harm their health.
4. Financial barriers: Medication denials create financial obstacles for patients, limiting their access to evidence-based treatments and therapies.
5. Increased need for emergency care: Delays in obtaining treatments often lead to worsening conditions that require emergency care or hospitalizations, further contributing to financial stressors on patients and their families.

By reducing administrative barriers and passing legislation that limits the ability of insurance companies to deny evidence-based treatments, my co-residents and I will be better able to address the comprehensive needs of our patients, including their medical, behavioral, and social determinants of health. I urge you to support House Bill 618 to ensure that patients receive timely, effective care without unnecessary administrative obstacles. Thank you for your attention to this important matter and for your efforts to improve primary care in Missouri. Karstan Luchini, DO MS MBA PGY-2 UMKC Community and Family Medicine Residency University Health – UMKC House Staff Vice President Missouri Academy of Family Physicians – Alternate Resident Director



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KATE LICHTENBERG		PHONE NUMBER: 573-635-0830	
BUSINESS/ORGANIZATION NAME: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE: BOARD MEMBER	
ADDRESS: 722 WEST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MISSOURI NURSES ASSOCIATION, MISSOURI OCCUPATIONAL THERAPISTS ASSOCIATION		TITLE:	
ADDRESS: PO BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: L. NATHAN GAUSE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nathan.gause@uhkc.org		ATTENDANCE: Written	SUBMIT DATE: 2/2/2025 9:49 PM

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Testimonial in Support of HB 618 – Prior Authorization Reform
 L. Nathan Gause, MD MBA Vice-Chair, Department of Orthopaedic Surgery, University Health and UMKC Co-Chair, Kansas City Health Commission Chairperson and members of the committee, my name is Nathan Gause. I am an orthopedic surgeon and Vice Chair of the Orthopaedic department; specializing in lower extremity surgery at University Health in Kansas City. I appreciate the opportunity to provide this testimonial in support of HB 618, a bill that seeks to reform the burdensome and inefficient prior authorization (PA) process that delays patient care, increases administrative costs, and adds unnecessary stress to an already overburdened healthcare system.

Impact of Prior Authorization Delays on Patient Care: Prior authorization was originally designed to control costs and prevent unnecessary procedures. However, real-world data and physician experiences show that it overwhelmingly functions as an administrative barrier that delays necessary care, harms patients, and adds excessive burdens to providers. Below are specific cases from my practice that illustrate these harms:

- 1. A Delayed Surgery for a Young Athlete:** A 17-year-old female athlete under my care suffered from chronic ankle instability after repeated injuries. She had exhausted all conservative treatment options, including bracing and physical therapy, and required surgical ligament reconstruction. Despite clear indications for surgery, her insurance company delayed authorization for weeks, forcing her to continue with an unstable ankle, increasing her risk of further injury, and prolonging her recovery. Early surgical stabilization for recurrent ankle instability has been shown to lead to superior functional outcomes compared to prolonged conservative management (Jain et al., Foot & Ankle International, 2019).
- 2. Routine Denials for Achilles Tendon Rupture Imaging:** Achilles tendon ruptures are a well-recognized surgical emergency. Despite clear clinical findings—positive Thompson test and palpable defect—many insurers categorically deny MRI requests, even though imaging aids in confirming diagnosis and surgical planning. Delayed treatment of Achilles tendon ruptures results in worse functional outcomes and increased surgical complications (Soroceanu et al., Journal of Bone and Joint Surgery, 2012).
- 3. Barriers to Evidence-Based Pain Management:** Lower extremity nerve blocks are a proven strategy to reduce postoperative pain and decrease opioid use. However, insurers frequently deny coverage, forcing reliance on less effective pain management options, including higher doses of oral opioids. A study by Shah et al. (Foot & Ankle International, 2020) demonstrated that patients receiving peripheral nerve blocks had lower pain scores and opioid consumption postoperatively. Blocking access to these interventions contradicts national efforts to combat the opioid crisis.

The Administrative and Financial Burden of Prior Authorization: The impact of prior authorization extends beyond individual patients—it places a significant burden on healthcare providers and institutions. Data from orthopedic studies demonstrate:

- **Delays in Care Are Universal:** A prospective multicenter analysis of prior authorization review (PAR) in orthopedic subspecialty care found that 96.5% of requests were ultimately approved, yet every patient experienced unnecessary delays, additional visits, and

prolonged suffering (Jarrett et al., Journal of Shoulder and Elbow Surgery, 2024)?
• Surgeons Are Forced to Increase Administrative Staff: A national survey of hip and knee surgeons revealed that 71% of practices now employ at least one full-time staff member solely to handle prior authorization requirements, diverting resources from direct patient care (American Association of Hip and Knee Surgeons, 2023)?
• Texas' Prior Authorization Reform Offers a Model: Texas' "Gold Card" system (HB3459) allows physicians with a 90% approval rate over six months to be exempt from prior authorization. This reform acknowledges that if nearly all requests are ultimately approved, the process itself is redundant and wasteful. At the local level, University Health has approximately 40 FTEs dedicated to completing prior authorizations. This costs our system nearly \$2M per year in salaries and benefits. Why HB 618 is Necessary: HB 618 follows the same logic as Texas' reform, ensuring that providers with a history of appropriate utilization are not subjected to redundant prior authorization requests. The vast majority of PA requests are eventually approved, yet patients experience unnecessary suffering due to bureaucratic delays. The current system obstructs our ability to provide timely, evidence-based care. As an orthopedic surgeon, I have a duty to provide the highest quality care to my patients. However, my role extends beyond the operating room. As the co-chair of the Kansas City Health Commission, I am also responsible for advocating for policies that promote the health and well-being of our city's residents. Prior authorization delays disproportionately affect vulnerable populations, including those relying on Medicaid managed care plans, exacerbating health disparities and limiting access to essential treatments. It is my obligation to ensure that all Kansas citizens receive timely, evidence-based care without unnecessary administrative barriers. The inefficiencies of prior authorization are not just a physician problem—they are a public health issue. Delayed or denied care leads to prolonged disability, increased opioid reliance, and higher overall healthcare costs. HB 618 is a critical step toward removing these barriers and ensuring that healthcare providers can focus on what matters most: caring for our patients. I strongly urge this committee to support HB 618 to uphold our shared commitment to improving healthcare access and outcomes in Kansas City and beyond. Thank you for your time. Respectfully, L. Nathan Gause MD MBA, Vice-Chair, Department of Orthopaedic Surgery, University Health and UMKC, Co-Chair, Kansas City Health Commission

References

1. Jain N, Murray D, Kemp S, Calder J. Frequency and trends in ankle ligament reconstruction in the United States: a population-based study. *Foot & Ankle International*. 2019;40(3):351-356.
2. Soroceanu A, Sidhwa F, Aarabi S, Kaufman A, Glazebrook M. Surgical versus nonsurgical treatment of acute Achilles tendon rupture: a meta-analysis of randomized trials. *Journal of Bone and Joint Surgery (Am)*. 2012;94(23):2136-2143.
3. Shah A, Kumar N, Archer J, Kain M. Regional anesthesia in foot and ankle surgery: a review of current practices. *Foot & Ankle International*. 2020;41(2):242-252.
4. Jarrett CD, Dawes A, Abdelshahed M, Cil A, Denard P, Port J, Weinstein D, Wright MA, Bushnell BD. The impact of prior authorization review on orthopedic subspecialty care: a prospective multicenter analysis. *Journal of Shoulder and Elbow Surgery*. 2024;33(6):e336-e342.
5. American Association of Hip and Knee Surgeons. Prior authorization survey results. *Arthroplasty Today*. 2023;9(1):101-109.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LARA BRISENO KENNEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MATIAS HERNANDEZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: MEGAN HOWERTON		PHONE NUMBER:
REPRESENTING: MOSAIC LIFE CARE, MISSOURI AMBULANCE ASSOCIATION		TITLE:
ADDRESS: PO BOX 156		
CITY: JEFFERSON CITY		STATE: MO
		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2025 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: NGOZIDILENNA ADA WILKINS, MD, MPH, FAAFP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nwilkinsmdmph@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/3/2025 12:46 AM
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I am sending written testimony in support of HB 618 Prior Authorization of Health Care Services which allows physicians to bypass prior authorizations if 90% of their PAs were approved in the previous 6-month period. Prior authorizations are often a very time-consuming experience that involves contacting an insurance company to justify and provide more information for previously ordered medicines, medical tests, procedures or imaging that are needed for patient care. This process can involve submitting or resubmitting paperwork, phone calls or inputting unnecessary data into electronic medical records. If medical treatment, procedure or investigative study is not deemed medically necessary or if this request is not a medical benefit of said plan, the request may be denied. This can complicate the decision-making process about patient's treatment as may lead to delay in treatment, bad outcomes and hospitalization which increases health care costs overall. Also, since each insurer may have different criteria that are used to approve such treatments, it may be difficult to decide exactly what the insurer is looking for or the guidelines they are using to make these determinations for approval or denial. Often, medicines or other treatments that were previously covered may suddenly not be covered. Prior authorizations are also very time consuming, and this takes away from the valuable time that the physician or clinician and medical staff can spend taking care of the actual medical needs of patients. In my practice, my schedule usually must be blocked so I can take the time needed to call the insurer to talk to someone who may or may not be a physician. This is modeled after legislation that has been enacted with success in Texas, Arkansas, Louisiana, Michigan and West Virginia with success. The "Gold Card Act of 2023". <https://www.ama-assn.org/practice-management/prior-authorization/fixing-prior-auth-40-plus-prior-authorizations-week-way-too>. Missouri Association of Family Physicians is in support of this legislation. Thank you for considering my testimony.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RACHEL BAUER		PHONE NUMBER: 573-619-1663	
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Support reforms to insurance companies abusing the prior authorization process leading to delays to denials of patient care.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ROBERT P SCHNEIDER DO, FAAFP		PHONE NUMBER:	
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EMAIL: bobsbirding@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 1/30/2025 3:12 PM
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Delays in evaluation of progressive diseases has left many patients bewildered, frustrated, and confused by our insensitive health care system. Even though after thorough and comprehensive examinations more information is needed for a proper diagnosis and treatment. This harms patients, families, and communities.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SARAH SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, QUEST DIAGNOSTICS		TITLE:	
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CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANON HAWK		PHONE NUMBER: 573-659-6704	
REPRESENTING: MO SOCIETY OF EYE PHYSICIANS AND SURGEONS		TITLE: EXECUTIVE VP OF GOVERNMENT AFFAIRS	
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Streamlines the process so that patients can more quickly and efficiently receive the care that is needed. Also ensures that health care professionals are not working outside of their scope of practice.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHIRLEY SEABAUGH		PHONE NUMBER:
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I am a retired pharmacist. When a patient's employer switched insurance providers patients who stable on their current medications were sometimes required to have a prior authorization or do step therapy. Step therapy required the patient to use one or two medications first before being allowed to have the medication they were currently taking despite having failed on the cheaper drugs earlier in their treatment. Pharmacists were not allowed by the insurance companies to ask for a prior authorization for the patient even though, we had the needed records. I support this bill.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
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While I support this bill, I ask for it to be amended to apply to Medicaid as well. We are all deserving of quality healthcare.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SUSAN GRAVES		PHONE NUMBER: 417-269-3000	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILL MARRS		PHONE NUMBER: 417-848-8561	
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This bill not only cuts the red tape preventing patient care and quick access to whatever necessary procedures and treatment, but also puts the care back into the hands of medical experts versus an insurance company. Every clinician within Mercy has a story to tell on how much time is wasted on common insurance approvals, which this bill seeks to address.



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WITNESS NAME		
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WITNESS NAME: WILLIAM BRIDGES		PHONE NUMBER:
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		ZIP: 65483
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WITNESS NAME		
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WITNESS NAME: DAVID WILLIS		PHONE NUMBER: 816-719-9260
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DUSTIN BACKES		PHONE NUMBER: 573-694-1010	
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WITNESS NAME			
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WITNESS NAME: HAMPTON WILLIAMS		PHONE NUMBER: 417-793-0675	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICA's HEALTH INSURANCE PLANS, BCBS OF KANSAS CITY		TITLE:	
ADDRESS: 208 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
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