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February 27, 2019

The Honorable Bart Rowland
Chairman
Kentucky House Banking and Insurance Committee
702 Capital Ave
Annex Room 416D
Frankfort, KY 40601

Re: AMA Support for Senate Bill 54

Dear Chairman Rowland:

On behalf of the American Medical Association (AMA) and our physician and student members, I write to state our strong support for Senate Bill (S.B.) 54, legislation to improve the prior authorization process.

The AMA has long been concerned about the prior authorization process and its negative impact on patients, as we frequently hear from physicians and patients about delays in care that result from these insurer protocols.

For example, Kentuckian Sherry L. recently shared her story with the AMA regarding the delays she faces in accessing her pain medication, which she has been stable on for 10 years. In Sherry's case, her insurer requires prior authorization for her pain medication every three months and she reports frequently waiting days—while experiencing severe pain—for her insurer to approve this medication. Notably, Sherry experienced similar prior authorization delays in accessing medication for her 16-year-old daughter as her daughter was fighting cancer.

Similarly, "Kimberly S." reported that she went almost two weeks without long-acting insulin and two days without short-acting insulin waiting for her insurer's prior authorization process to finish. This delay landed her in the emergency room three times and sent her into a pancreatitis flare. Likewise, "Diana G." shared her mother's story, describing a three-day wait filled with violent episodes of vomiting and nausea following chemotherapy for pancreatic cancer, due to a prior authorization requirement on her mother's anti-nausea medication.

While disheartening, none of these stories are surprising to Kentucky physicians. The AMA recently released our 2018 Prior Authorization Physician Survey and respondents highlighted the detrimental impact that prior authorization can have on patients. In fact, 91 percent of physicians reported delays in care due to prior authorization and 75 percent said prior authorization can lead to treatment abandonment. But perhaps most disturbing, over a quarter of physicians surveyed reported that prior authorization has led to a serious adverse event for their patients.

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Thankfully, S.B. 54 would make meaningful changes to the prior authorization process by improving access to care and reducing the harmful impact these protocols are having on patients. This legislation would reduce the time that patients are forced to wait for their insurer's decision on authorization, as well as improve the transparency of the processes, requirements and formulary information offered at the point-of-care.

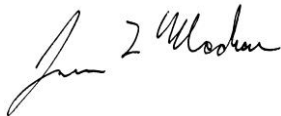
S.B. 54 would also allow authorization to be valid for longer periods of time, addressing the unnecessary delays experienced by patients like Sherry who repeatedly have had to resubmit prior authorization requests—even when their condition and request has not changed.

Additionally, the legislation would place Kentucky among the leading states to offer health care providers an automated process to complete prior authorizations. This automated process, in use by many stakeholders today, streamlines the way in which prior authorizations are completed and allows seamless communication between insurers, physicians, pharmacies and other providers.

S.B. 54 will significantly improve the prior authorization process for Kentuckians. It is because of the many positive changes this legislation would bring to the problematic prior authorization process in Kentucky that the AMA respectfully urges Committee approval. If you have any questions or need additional information, please contact Emily Carroll, Senior Legislative Attorney, AMA Advocacy Resource Center, at emily.carroll@ama-assn.org or (312) 464-4967.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD

cc: Kentucky Medical Association
Bruce A. Scott, MD