



## Prior Authorization Exemption



Prior authorization of health care services continues to be a burden and a barrier to physicians providing the care their patients need. KMA supports legislation that requires health benefit plan issuers to "gold card" certain physicians from prior authorization by creating an automatic approval or exemption, on a physician-by-physician basis, that waives prior authorization requirements if that physician is approved for a specific procedure/service most of the time.

## Healthcare Workforce



Healthcare workforce shortage issues have plagued our state for years, which have been exacerbated by COVID. KMA will work with relevant stakeholders, including the Kentucky Hospital Association, and members of the Kentucky General Assembly to address the issue with long-term policy solutions. KMA efforts will specifically focus on initiatives that raise awareness regarding physician wellness and career fatigue, provide financial incentives to attract and retain physicians to the Commonwealth, and address the state's broken liability system.

## Other Issues of Interest

Additionally, KMA will closely monitor and take appropriate action regarding other issues of interest to the physician community, including scope of practice, marijuana legalization, and vaccination exemptions.

## Compassionate Patient Support



Pursuant to the 21st Century Cures Act, providers must deliver complete and immediate data to patients in a common language that can be used with apps and other EMRs. As a result, patients will be able to view results often before providers see them. Barring a permissible exception, failure to provide such data is considered "information blocking" and can result in fines. One permissible exception under the federal law allows providers to hold information when it could cause **physical** harm to the patient. However, state-based legislation is needed that allows providers to temporarily delay the delivery of certain patient test/lab results if providers believe the receipt of such results by the patient prior to provider counseling would cause **emotional** harm.

## Lung Health



Kentucky has long struggled with diseases and illnesses associated with poor lung health, including adult influenza, pneumococcal disease, and cancer. For example, according to the American Lung Association's 2021 "State of Lung Cancer" report, Kentucky has the highest incidence rate of lung cancer in the United States. The Centers for Disease Control and Prevention also consistently has Kentucky at the top of the list in lung cancer deaths. KMA will promote policy solutions that raise awareness regarding lung health issues and that are designed to improve lung health outcomes for all Kentuckians, especially those who live in underserved areas of the state.



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Prior authorization was originally meant to be a check on the medical necessity of expensive and less common services and treatments; however, insurers increasingly apply prior authorization to basic and routine patient care, which unnecessarily delays and sometimes denies Kentuckians access to much-needed services. As a result, prior authorization of health care services has become a burden and a barrier to physicians providing patient care.

Physicians confirm the problems associated with the prior authorization process.

According to a 2020 American Medical Association (AMA) survey of 1,000 practicing physicians, more than nine in 10 physicians (94%) reported care delays while waiting for health insurers to authorize necessary care, and nearly four in five physicians (79%) said patients abandon treatment due to authorization struggles with health insurers.

Nearly one-third (30%) of physicians reported that prior authorization requirements have led to a serious adverse event for a patient in their care, according to the AMA survey. More specifically, prior authorization requirements led to the following repercussions for patients:

- Patient hospitalization – reported by 21% of physicians.
- Life-threatening event or intervention to prevent permanent impairment or damage – reported by 18% of physicians.
- Disability or permanent bodily damage, congenital anomaly, birth defect, or death – reported by 9% of physicians.

While the health insurance industry says prior authorization criteria reflect evidence-based medicine, the physician experience casts doubt on the credibility of this claim. Only 15% of physicians reported that prior authorization criteria were often or always based on evidence-based medicine.

Other critical physician concerns highlighted in the AMA survey include:

- Nine in 10 physicians (90%) reported that prior authorizations programs have a negative impact on patient clinical outcomes.
- A significant majority of physicians (85%) said the burdens associated with prior authorization were high or extremely high.
- Medical practices complete an average of 40 prior authorizations per physician, per week, which consume the equivalent of two business days (16 hours) of physician and staff time.
- To keep up with the administrative burden, two out of five physicians (40%) employ staff members who work exclusively on tasks associated with prior authorization.

KMA supports legislation that removes these barriers to patient care and allows physician practices to spend more time with patients.

## KMA's Legislative Recommendations: SUPPORT HOUSE BILL 343

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- HB 343 would require state-regulated commercial health benefit plans as well as Medicaid Managed Care Organizations (MCOs) to "gold card" certain physicians from prior authorization by creating an automatic approval or exemption on a physician-by-physician basis that waives prior authorization requirements if that physician is approved for a specific procedure/service or medication a vast majority of the time.

Kentucky has long struggled with diseases and illnesses associated with poor lung health, including cancer.

According to the American Lung Association's "2021 State of Lung Cancer" report, Kentucky has the highest incidence rate of lung cancer in the United States. The Centers for Disease Control and Prevention also consistently has Kentucky at the top of the list in lung cancer deaths. In fact, lung cancer kills more Kentuckians than breast, prostate, and colon cancer combined.

There is good news – early detection saves lives. Unfortunately, approximately 5% of eligible U.S. adults receive a lung cancer screening, which is significantly less than other national cancer screening rates (e.g., 76.4% for breast cancer screening and 68.8% for colorectal screening). And while Kentucky outperforms the national average for screening rates, the state must do even better.

To accomplish this goal, KMA is committed to policy solutions that encourage and facilitate increased access to lung cancer screenings at earlier stages for all Kentuckians, especially those who live in underserved areas of the state.

## KMA's Legislative Recommendations: SUPPORT HOUSE BILL 219

- HB 219 would establish the Lung Cancer Screening Program within the Kentucky Department of Public Health and the Lung Cancer Screening Advisory Committee. The program and advisory committee would work collaboratively to, amongst other objectives, increase lung cancer screening, reduce the state's morbidity and mortality from lung cancer, reduce the cost associated with the treatment of lung cancer, and raise public awareness regarding the benefits of screening.

Physician workforce shortages have plagued our state for years. Root causes include lack of graduate medical education (GME) funding, increasing patient demand, aging physician population, career fatigue/burnout, and liability concerns. Statistics demonstrate the significance of the problem.

- The Association of American Medical Colleges states that Kentucky ranks 36th out of 50 states in terms of active physicians per 100,000 population.
- Some of the best data we have focuses on primary care, the foundation of our healthcare system. According to 2019 Health Professional Shortage Area (HPSA) designations, primary care shortages are found in all but seven counties in Kentucky. In fact, 94% of counties have a primary care shortage (CHFS, 2021). This is consistent with a University of Kentucky pre-COVID study that says Kentucky ranks 43rd in the country for the number of primary care physicians per 100,000 population. It is estimated that by 2025, Kentucky will have a shortage of 960 primary care physicians, the third greatest shortfall in the United States ([HRSA, 2016](#)).
- By graduation, a typical physician with education debt — the sum of premedical and medical school education debt — will have borrowed roughly \$200,000 in education loans ([AAMC, 2020](#)).
- COVID has exacerbated the problem. A December 2021 national study published by the Mayo Clinic found that 1 in 3 physicians plan to reduce their workload, and that 1 in 5 physicians plan to leave their practice within the next 12 months due to burnout and other work-related stress ([Mayo Clinic, 2021](#)).

Emerging evidence demonstrates that scholarship and loan repayment programs are effective in achieving long-term retention of participants in the communities in which they serve. Recent surveys and reports have found that: 87% of National Health Service Corps (NHSC) participants practiced in underserved areas two years after service completion. Six years after NHSC completion, 35% of participants were practicing in the same HPSA, and 72% of them were practicing in any HPSA ([NCSL, 2017](#)).

## KMA's Legislative Recommendations: STATE APPROPRIATION FOR PHYSICIAN RECRUITMENT EFFORTS

- State funding is needed to support long-term policy solutions, such as stable loan forgiveness programs and other recruitment programs, to address the vexing issue of physician workforce shortages. Such monies will help build a robust healthcare workforce that results in better health outcomes and greater economic growth across all industries.