

FORUM

Removing roadblocks

I was denied chronic illness treatment. HB 317 can change that.



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“Prior authorizations have become a bureaucratic barrier to health care. (They) lead to dangerous delays for patients, frustrating and costly administrative burdens for health care providers and insurers alike.”

Rep. Kim Moser
Sponsor of House Bill 317

My husband recently got a new job. Congratulations, right? Not when you have chronic illness. • A new job means a new medical insurance plan, and I have psoriatic arthritis, a potentially debilitating autoimmune disease. • What should have been an exciting time of new beginnings for our family was instead fraught with worry. • Medication I’ve been taking to control my disease for the past 14 years required prior authorization and our new insurance company denied my prescription. • My rheumatologist started the appeals process. Meanwhile, my medication ran out and I anxiously waited.

What happened to me is not an anomaly. Patients across the country are left waiting and wondering while their physicians fight for access to treatment plans they’ve prescribed. A new bill sponsored by Rep. Kim Moser of Northern Kentucky aims to reform the prior authorization process for the commonwealth with House Bill 317.

If you’ve ever undergone a medical procedure, you’ve probably encountered prior authorization. HealthCare.gov defines it as a decision by your health insurer that determines if certain treatment plans, prescription drugs or durable medical equipment are “medically necessary.” It determines what portion (if any) your insurance will pay. Prior authorization is time-consuming for medical providers and nerve-racking for patients awaiting treatment.

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COMMUNITY FORUM

READERS' FORUM

What is worth investing for Kentucky?

We are learning: What we feed grows! The Commonwealth of Kentucky is about to pass a budget for the next two years. What are the priorities? Is it education? Is it health care? Is it housing?

Will the final budget vote feed our ability to lift all Kentucky residents?

A decent education for all to keep many from prison and destitution. Funding health clinics in every county will provide the necessary infrastructure to provide good health for all our people. Will the current budget invest in safe and affordable housing so our young families, working-class folks and seniors have a dignified place to dwell and call a home?

Here is the opportunity to work across party lines to lift our people up. Kentucky literacy rate is around 79%. Our overall health is in not much better. Can we make the investments to improve the lives of Kentuckians? More youth completing high school? More young adults completing higher education and trade schools? Can we provide quality health care in every corner of our commonwealth?

By investing in our people, we reduce homelessness, substance abuse and incarceration.

Let us face our challenge! Let us start this year with hope.

—Frank Schwartz, 40204

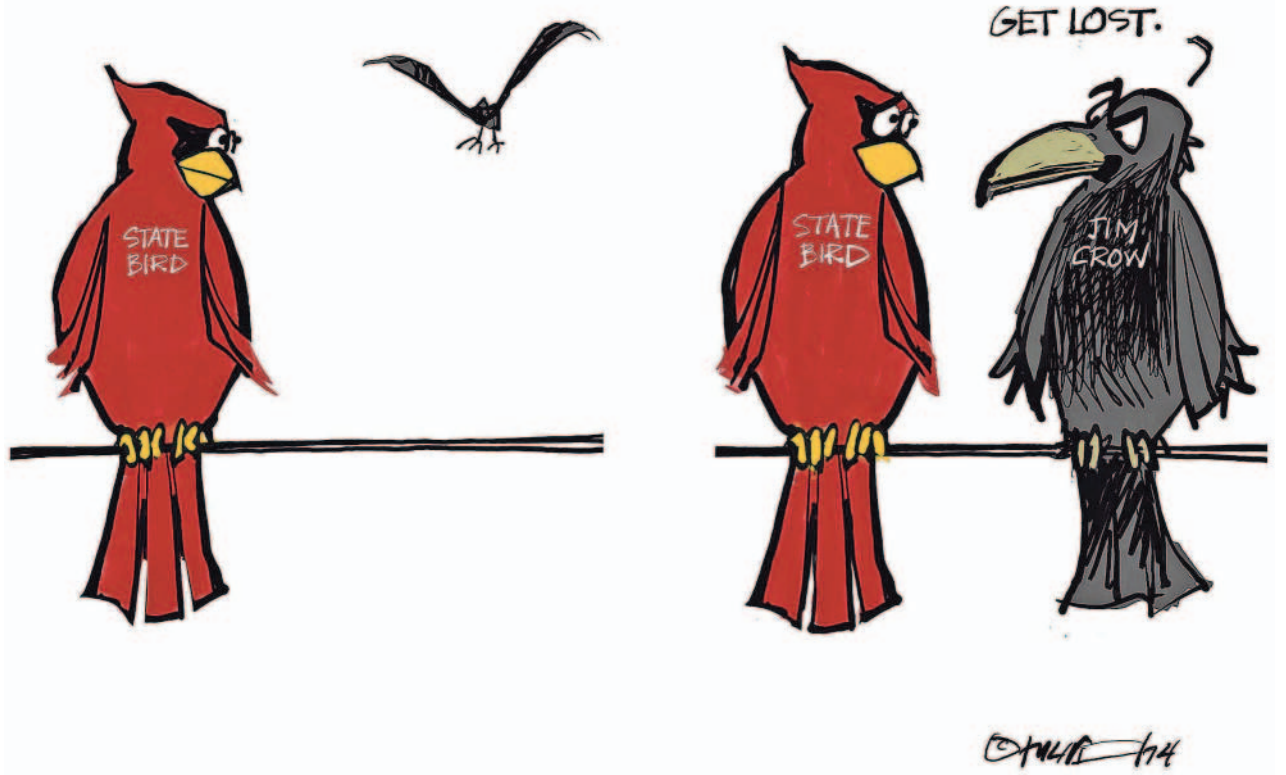
Wise Words of Bill Lamb

Everyone who reads Bill Lamb's column could benefit from what he said regarding American being too divided. People don't seem to feel that others are entitled to have their own opinion anymore. And people seem to think that being horribly rude is the way to get other people to agree with them! Think about those countries where everyone appears to agree all the time. Something is very wrong, and I wouldn't want to live there; would you?

—Karen Level, 40220

Safer Kentucky Act

Punishment might make the legislators feel better, but it does not deter crime. There are numerous studies on that topic, so I will address the issue of bail. If someone can't make bail, that means they can't pay their rent, their car payment, etc. They get evicted and their vehicle is repossessed. What would you do if you no longer had phone or computer access? What would



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happen to your things, your job, your family? Many people in jail are there because they can't pay their bail, yet someone who is being charged with the same crime is free if they have money. Eliminate bail for certain crimes!

—Sandra Renner, 40245

Not a human right

Every so often, someone submits a letter claiming some benefit (health care, housing, food, transportation, etc.) is a "human right." No, it (whatever it is) is not a "human right." Human rights are vested in each of us by virtue of being alive and endowed with rights provided by nature, and nature's God. If a benefit (see above list) is provided by a third party (in these cases, usually the taxpayer), it is nothing more than a social benefit, but not a "right" in any sense. This is not to say that government providing certain benefits to needy persons is not a proper function of government, up to a point.

—Donna J. Burr, 40026

Letters to the Editor

You can submit letters to the editor online via a form at <http://static.courier-journal.com/letters/> or email cjletter@courier-journal.com (please not both). Letters can also be sent via mail: Letters to the editor, C/O Courier Journal, P.O. Box 740031, Louisville, KY 40201-7431.

You must include the following:

Your first and last name.

City and ZIP code.

Daytime phone number for letter verification and possible questions. When emailing, please include the topic of the letter in the subject field. Only your name, city and ZIP code will be published.

Guidelines

Letters must be 200 words or less and may be edited for space constraints and clarity. We give preference to discussions of local issues and letters submitted by local writers. If you are citing a source, please provide a link to it. Letter writers will be limited for publication to once every 30 days.

By submitting a letter, the author grants Courier Journal the rights to publish, distribute, archive and use the work in print, electronic, online or other format.

Feldkamp

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Prior authorization delays treatment, hurts patients

A 2022 American Medical Association survey found prior authorization delayed necessary treatment 94% of the time. This delay resulted in hospitalization 25% of the time.

I've been taking the same biologic medication for my autoimmune psoriatic arthritis since 2010. I know this fight well. The first time I was denied my prescription was shortly after my diagnosis. My insurance company favored a different, less expensive treatment and they required I try that first. They called this process "step therapy." I called it a nightmare.

Almost half (46%) of patients reported that their insurer subjected them to step therapy requirements, according to The American College of Rheumatology patient survey, and another 48% of patients reported that their provider needed to obtain prior authorization before obtaining a prescription.

Patients pay the price for America's medical bureaucracy

Prior authorization, step therapy and tiering supposedly happen to ensure a high standard of care for patients and to prevent waste, fraud and abuse. But while I jumped through the required hoops and took the medication the insurance company required instead of the medication my rheumatologist recommended, my condition worsened. Within six months, I deteriorated from walking with a cane to bedridden. I resigned from a job that I loved and my plans to have another child were canceled. I was heartbroken and it was preventable.

"Prior authorizations have become a bureaucratic barrier to health care," Rep. Moser wrote in an email to The Courier Journal. They "lead to dangerous delays for patients, frustrating and costly administrative burdens for health care providers and insurers alike."

This was certainly true for me. After months of appeals and what I can only imagine was mountains of paperwork from my care team, I was finally permitted to begin biologic treatment. This was a game-changer for me. It gave me my quality of life back and in 2015, I had my beautiful son.

It felt like I had won. But then my husband got a new job, and I had to fight all over again. This time it was for access to a medication I know works for me, and I know exactly what my life looks like without it. It was, and is, hard for me to see anything but greed in this process. The insurance rejection letter read that my medication had been denied because "(t)here are medical treatments for many conditions that have lower-cost, but equally effective alternatives available based on clinical guidelines." This tells me that money is the driver, not concern for my care. What does it



Bonnie Jean Feldkamp with her family at the Arthritis Foundation Jingle Bell Run in 2010. PROVIDED

matter if another medication will help me save on my co-pay if the medication isn't effective and I lose my job in the process of giving it a try?

I understand that guidelines exist for a reason, but what I have a hard time understanding is why an insurance company would require prior authorization for a chronic illness medication that I've already been taking. Nor do I understand how they can justify denying a current effective treatment plan.

Kentucky needs prior authorization reform

The American Medical Association, along with 16 other physician, patient and health care organizations such as the American College of Radiology, the American College of Rheumatology and the American Academy of Family Physicians support prior authorization reform. One way that's getting traction is called the Gold Card approach. In 2023, 30 states introduced legislation for prior authorization reform. Kentucky was one of them. So far Texas, West Virginia, Louisiana and Michigan have passed legislation in favor of Gold Carding.

In the past two legislative sessions, Rep. Moser has sponsored bills hoping to bring prior authorization reform to the commonwealth, but the bills haven't even gotten a reading. This year's HB 317 has the support of 10 Kentucky medical associations.

There is a groundswell calling for prior authorization reforms both at the state and federal level. With Texas leading the way, the GOLD Card Act of 2023 also has the potential to bring nationwide prior authorization reform for medical providers and their patients. Also, on Jan. 17, Centers for Medicare and Medicaid Services finalized new rules regarding prior authorization for certain Medicare and Medicaid payers.

Starting in 2026, payers will be required to send prior authorization decisions within 72 hours for urgent requests and within seven calendar days for all others. This will significantly reduce patients' wait time for access to necessary medical treatment. Payers will also be required to give their reason for denying a request as well track and publicly report their prior authorization metrics.

What is the 'Gold Card' approach to prior authorization?

"Gold Carding" doesn't remove prior authorization, but it helps experienced physicians with high prior authorization approval rates streamline the process. It's a waiver system where doctors become "Gold Carded," or saved from having to submit prior authorization requests for certain medications and services. Kentucky's HB 317 doesn't call it Gold Carding like other states' legislation does but the bill similarly permits health care providers to become exempt from prior authorization requirements if 90% of their prior authorization requests submitted in a six month review period are approved.

Our health care system needs an overhaul, and the prior authorization process is a good place to start. I want my rheumatologist to focus on my care and I want uninterrupted access to the maintenance medications I need to sustain my quality of life. I should not be subject to unnecessary flares in my disease while waiting for prior authorization, just to appease the pocketbook of insurance companies.

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Moser