RESOLUTION

Subject: Improving Access to Chronic Disease Care to Reduce Preventable Complications and Hospitalizations

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, uninterrupted access to medically necessary medications, supplies, therapies, and other healthcare services is essential to maintaining disease control and functional health for individuals living with chronic medical conditions; and

WHEREAS, interruptions in access to medically necessary therapies may result in disease exacerbations, avoidable emergency department visits, hospitalizations, prolonged inpatient stays, and increased healthcare expenditures; and

WHEREAS, challenges obtaining appropriate medications, home health services, and durable medical equipment may delay discharge from inpatient settings, especially for medically complex patients who may necessitate use of intensive care unit resources in settings without a step-down unit; and

WHEREAS, quantity limits on disposable medical supplies may not adequately account for wear and tear, displacement, site hygiene, and other urgent events; and

WHEREAS, the Kentucky Preferred Drug List is subject to periodic modification by the Pharmacy and Therapeutics Committee to promote cost-effective care, which may unintentionally disrupt continuity of treatment for patients with chronic medical conditions who are clinically stable on established therapies when “non-medical switching” is required due to the modifications, potentially resulting in adverse health outcomes and increased healthcare utilization; and

WHEREAS, excessive or repetitive prior authorization requirements may delay medically necessary care, increase administrative burden on patients and healthcare professionals, and contribute to adverse patient outcomes, with more than one-quarter of physicians in the 2025 American Medical Association Prior Authorization Physician Survey reporting that a prior authorization requirement resulted in a serious adverse event for a patient under their care; and

WHEREAS, Kentucky has enacted prior authorization reforms that provide exemptions based on provider performance metrics, but patients receiving medically necessary therapies from providers who do not qualify for such exemptions may continue to experience authorization-related delays; and

WHEREAS, multiple states have enacted legislation limiting or prohibiting prior authorization requirements for specific categories of medications and treatments, demonstrating legislative recognition

that certain therapies warrant expedited access due to their importance in preventing morbidity and improving continuity of care; and

WHEREAS, multiple states have enacted or considered legislation designed to limit non-medical switching and mid-year formulary changes for clinically stable patients, recognizing that treatment changes driven by coverage or cost considerations rather than clinical need may disrupt continuity of care and adversely affect health outcomes; and

WHEREAS, states possess authority to define coverage requirements within public healthcare programs, and coverage policies adopted by public programs may influence broader healthcare delivery and insurance practices; and

WHEREAS, current KMA policy supports changes to the prior authorization process to "alleviate the burdens patients face in obtaining coverage for prescription drugs," "reduce delays in patient care," and to "reduce the administrative burden of prior authorization," but does not specifically promote exemptions from prior authorizations beyond medications for "treatment of an opioid use disorder"; and

WHEREAS, current KMA policy does not address the harms of non-medical switching due to modifications of the Kentucky Preferred Drug List; now, therefore, be it

RESOLVED, that KMA take further steps to support timely access to medically necessary durable medical equipment, medical supplies, outpatient therapies, home health services, and nursing services that facilitate hospital discharge and prevent avoidable complications and hospitalizations; and be it further

RESOLVED, that KMA support targeted exemptions from prior authorization requirements for selected therapies, supplies, and services when delays in access are likely to increase patient harm, healthcare utilization, or overall healthcare expenditures; and be it further

RESOLVED, that KMA support policies that protect clinically stable patients from non-medical switching and other coverage-related treatment interruptions not based on medical necessity; and be it further

RESOLVED, that KMA advocate for insurance coverage policies that support effective chronic disease management and reduce preventable healthcare spending; and be it further

RESOLVED, that KMA offer insight from its members to assist policymakers in recognizing the medications, supplies, and services for which such policy development would offer the most benefit.

References:

1. https://www.ama-assn.org/practice-management/prior-authorization/ama-prior-authorization-physician-survey
2. https://apps.legislature.ky.gov/recorddocuments/bill/26RS/hb176/bill.pdf
3. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2025.00191?journalCode=hlthaff
4. https://www.chfs.ky.gov/agencies/dms/dpo/ppb/Documents/SinglePDLFAQsforProviders.pdf
5. https://pmc.ncbi.nlm.nih.gov/articles/PMC12721913/
6. https://pmc.ncbi.nlm.nih.gov/articles/PMC10398101/
7. https://pubmed.ncbi.nlm.nih.gov/31081414/
8. https://csro.info/advocacy/our-issues/non-medical-switching
9. https://www.cga.ct.gov/2017/rpt/2017-R-0203.htm
10. https://kyma.org/wp-content/uploads/2024/09/2024-2025-KMA-POLICY-MANUAL-1.pdf
11. 7 states (Massachusetts, Maryland, New Jersey, West Virginia, Illinois, Vermont, and Kentucky) already have a complete ban on PAs on Medications for Opioid Use Disorder.
12. Supplies examples: for the management of ventilators, respiratory care, ostomy care, parenteral and/or enteral feeding and supplementation, wound care, medication management, central line care, mobility aids, urological supplies, etc.