

## Konrad Jackson

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**From:** Gabrielle Draper <gdraper@woodberryassociates.com>  
**Sent:** Tuesday, March 25, 2025 7:30 AM  
**To:** Senate Labor and Commerce; Sen. Jesse Bjorkman; Sen. Kelly Merrick; Sen. Elvi Gray-Jackson; Sen. Forrest Dunbar; Sen. Robert Yundt  
**Cc:** Konrad Jackson  
**Subject:** Support for S.B.133



March 25, 2025

Senate Labor & Commerce Committee  
Alaska State Legislature  
120 4th St  
Juneau, AK 99801

### **RE: Support for S.B.133**

Dear Senate Labor & Commerce Committee:

On behalf of the Derma Care Access Network (DCAN), I am writing in support of Alaska S.B.133, which would limit the use of step therapy by insurers and provide patients and providers with a clear process for navigating step therapy. I ask that you support this bill, ensuring patients receive timely access to treatment.

The Derma Care Access Network is a coalition of more than two dozen advocacy organizations representing patients, health care providers, and other skin health stakeholders working to raise awareness and inform policies impacting patient-centered care.

According to the NIH, skin conditions affect as many as one in three Americans at any time. Common skin conditions include acne, contact dermatitis, alopecia, cancers, atopic dermatitis (also called eczema), and psoriasis.

Skin conditions are more than just a rash. Chronic skin disease can also affect one's mental health, impacting a patient's ability to work and participate in everyday activities. The physical, psychological, and social consequences affect patients, caregivers, and family members.

Step therapy is a utilization management scheme used by insurers to dictate a specific course of care, often to increase the insurers profits. Sometimes referred to as "fail first," step therapy protocols require patients to try and fail on one or more treatments before being able to access the medication originally

prescribed by their health care provider. This leads to delays in accessing treatment, negative health outcomes, and increased burden on both patients and providers.

According to a 2019 study done by Xcenda, step therapy protocols resulted in 40 percent of patients abandoning treatment. Frustrated by their inability to access a treatment that promised relief, these patients lost hope and the benefits of having an optimal health outcome. No patient should have to reach this point because insurers will not support their needs. The harm to patients is clear.

S.B.133 would establish a clear standard process for navigating step-therapy requests and exemptions, ensuring patients can receive timely access to their care without onerous step-therapy barriers.

On behalf of Alaska patients living with skin conditions and the Derma Care Access Network, I ask that you support S.B.133. This bill protects patients' treatment and health by ensuring they can access the medication prescribed by their clinician.

Sincerely,

**Gabrielle Draper**

*Director of Advocacy & Policy*

Derma Care Access Network

[gdraper@woodberryassociates.com](mailto:gdraper@woodberryassociates.com)

CC: Konrad Jackson

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Senate Labor & Commerce Committee  
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120 4th St  
Juneau, AK 99801

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Sincerely,

**Gabrielle Draper**

*Director of Advocacy & Policy*

Derma Care Access Network

[gdraper@woodberryassociates.com](mailto:gdraper@woodberryassociates.com)

CC: Konrad Jackson

March 18, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: AHHA Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

For over 70 years, the Alaska Hospital & Healthcare Association (AHHA) has served as a non-profit trade association representing Alaska's hospitals, nursing homes, and a growing number of healthcare partners across the continuum of care. AHHA members play an invaluable role, both as community providers and essential employers, in cities, towns, and villages across Alaska.

**AHHA strongly supports SB 133, and we thank Senator Bjorkman for introducing this important piece of legislation.**

Prior authorization is a review process commonly used by insurers that essentially requires healthcare providers to obtain express authorization to provide a specific treatment or procedure for their patients. While prior authorization can be useful for reviewing the appropriateness of medical care, it can also cause significant delays in necessary, urgent patient treatment.

We hear story after story about time-consuming appeals, endless paperwork, lack of consistency and transparency, and needless interruptions to treatment when patients are at their most vulnerable. This has contributed to a contentious relationship between providers and insurers in Alaska and across the country.

AHHA spent the interim working to align insurers, providers, and regulators around shared priorities. To start, we partnered with our member hospitals to identify practical, workable solutions to the prior authorization challenges. We then engaged with the Division of Insurance to assess feasibility and impact from a regulatory perspective. From there, discussions with insurers revealed common ground, making it clear that we could agree to concrete reforms to improve the prior authorization process.

SB 133 is the result of this collaborative effort. The bill has the strong backing of Alaska's hospitals through AHHA, physicians via the Alaska State Medical Association, and the state's major health insurers. The bill prioritizes system automation and injects a new level of transparency for prior authorization, including policies, peer review and appeals, enforcement, and accountability.



SB 133 also includes the following reforms that will have an immediate and positive impact on patients:

- Faster turnaround times for prior authorization decisions – from five working days to 72 hours
- Long-term approval for treatment plans concerning chronic conditions
- Automatic approval for key therapies for Stage Four Advanced Metastatic Cancer
- A clear process for requesting exceptions to step therapy requirements

Finally, AHHA is proud of the work that went into SB 133 and is grateful to Senator Bjorkman for bringing this legislation forward. This bill exemplifies effective, stakeholder-driven reform that will create lasting improvements in patient care. We strongly support SB 133 and urge the committee to swiftly consider and pass this bill.

Thank you for considering this request and for your commitment to advancing healthcare for Alaska.

Sincerely,

Jared C. Kosin, JD, MBA  
President & CEO



March 25, 2025

Alaska Senate  
ATTN: Committee on Commerce & Labor  
120 4<sup>th</sup> Street,  
Juneau, AK 99801

**Re: SB 133 – Regarding Prior Authorization**

On behalf of the EveryLife Foundation for Rare Diseases, we are pleased to submit testimony in support of SB 133. The EveryLife Foundation is a nonprofit, nonpartisan organization dedicated to empowering the rare disease patient community to advocate for impactful, science-driven legislation and policy that advances the equitable development of and access to lifesaving diagnoses, treatments, and cures.

Inappropriate utilization management requirements burden patients living with chronic illness, including the 1 in 10 people nationwide impacted by one or more of the 10,000+ rare diseases. While 95% of rare diseases do not yet have an FDA-approved treatment<sup>i</sup>, for those patients who do have an available therapy, prior authorization requirements create hurdles in accessing the treatments that many have fought for decades to exist. In some cases, insurers may deny coverage altogether, leaving rare disease patients with few options. This is especially true for rare disease patients whose treatments often do not have alternatives. We support the provisions in SB 133, including those listed below, that would set reasonable and appropriate standards for insurance prior authorization processes.

**Promote Clinically Appropriate Decision Making**

Too often, prior authorization determinations are not based on medical science and can undermine a physician's medical expertise. We commonly hear from rare disease patients who tell us that the people who review their prior authorization requests have no expertise on their condition or, perhaps even worse, don't know what their condition is. Given the complex nature of individual rare diseases, it is important that the appropriate medical experts are involved in reviewing prior authorization requests on behalf of an insurer. We support the section of the bill that allows health care providers the opportunity to request a clinical peer review of a prior authorization request from a qualified specialist.

**Ensure Timely Review of Prior Authorization Requests and Appeals**

Time is a precious commodity in the rare disease community because many individuals face progressive diseases with limited life expectancies. Navigating a rare disease diagnosis can require more than 6 years, on average, after symptoms begin.<sup>ii</sup> In many cases, once a patient is diagnosed, inefficient prior authorization processes can further delay their treatment. We support the provisions of this bill that would implement time-bound standards to ensure plans respond to prior authorization requests in a reasonable amount of time.

**Reduce Interruptions in Treatment Caused by Prior Authorization Requirements**

For rare disease patients, stability and continuity of care are paramount. Frequent reauthorizations can lead to interruptions in treatment, increased stress for patients, and irreversible disease progression.<sup>iii</sup> When authorizations are valid for longer periods of time, patients can focus on managing their health rather than navigating procedural hurdles. We appreciate the provisions in this bill that require prior authorizations for the treatment of chronic conditions remain valid for at least 12 months.

**Promote Transparency and Accountability**

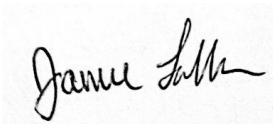
Requiring insurers to report prior authorization data and trends helps patients, advocates, and policymakers to identify patterns and potential disparities in access to care. This transparency allows us to better understand the challenges faced by rare disease patients and work towards more equitable and

effective policies. We support the provisions of this bill that require insurers to make key aggregate data and metrics publicly available.

Delays or lapses in care caused by unnecessary prior authorization requirements or inappropriate determinations can also yield catastrophic healthcare costs. The EveryLife Foundation's seminal 2022 study revealed the impact of rare disease to be nearly \$1 trillion dollars in 2019.<sup>ii</sup> A stunning 60% of those costs are absorbed by families and by society. In addition to direct medical expenses, indirect costs associated with rare diseases such as lost productivity, absenteeism and forced early retirement are a significant financial burden on the economy and on rare disease families and inappropriate use of prior authorization requirements only serve to add to these impacts.

It is important for insurance companies to facilitate timely and appropriate care for patients, including those with rare diseases. Please support SB 133.

Sincerely,



Jamie Sullivan  
Vice President of Policy  
EveryLife Foundation for Rare Diseases



Emily Stauffer  
Associate Director of State Policy  
EveryLife Foundation for Rare Diseases

CC:

Michael Pearlmutter, Chief Executive Officer, EveryLife Foundation for Rare Diseases  
Annie Kennedy, Chief of Policy, Advocacy and Patient Engagement, EveryLife Foundation for Rare Diseases  
Vicki Seyfert-Margolis, Chair, Board of Directors, EveryLife Foundation for Rare Diseases

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<sup>i</sup> *Fermaglich, Lewis J, and Kathleen L Miller. A Comprehensive Study of the Rare Diseases and Conditions Targeted By Orphan Drug Designations and Approvals Over the Forty Years of the Orphan Drug Act. " Orphanet journal of rare diseases vol. 18,1 163.*

<sup>ii</sup> *The National Economic Burden of Rare Disease Study, EveryLife Foundation for Rare Diseases, [www.everylifefoundation.org/burden-landing/](http://www.everylifefoundation.org/burden-landing/)*

<sup>iii</sup> In this recent national survey of physicians, almost half of the physicians reported that prior authorization policies led to urgent or emergency care for patients, and one-third of the physicians reported that prior authorization led to a serious adverse event for a patient in their care, including hospitalization, permanent impairment, or death. 2022 *AMA Prior Authorization (PA) Physician Survey, American Medical Association*



# Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 215-3305 (fax)

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March 20, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

RE: ASMA Support for Senate Bill 133 – Prior Authorization

Dear Senator Bjorkman:

On behalf of the Alaska State Medical Association (ASMA), I am writing to express our strong support for Senate Bill 133, which addresses prior authorization processes for medical care covered by health care insurers.

This legislation represents a significant step toward improving access to timely and necessary medical care for Alaskans. By streamlining prior authorization requests and incorporating an application programming interface, SB 133 reduces administrative burdens on healthcare providers and ensures that patients receive the care they need without unnecessary delays.

The provisions related to step therapy offer a balanced approach to treatment protocols, prioritizing patient health and safety while maintaining cost-effective care.

Additionally, the peer-to-peer review criteria will greatly reduce physician frustration with having to explain current standard of care to a physician reviewer who is often not familiar with the best practices in the provider's medical specialty.

ASMA believes that SB 133 aligns with our mission to advocate for policies that enhance the quality and accessibility of healthcare in Alaska. We urge the legislature to pass this bill and stand ready to provide any assistance or testimony needed to support its enactment.

Thank you for your leadership and commitment to the health and well-being of Alaskans.

Sincerely,

A handwritten signature in cursive script that reads "Pam Ventgen". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Pam Ventgen, Executive Director  
Alaska State Medical Association



April 3, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801

[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

Dear Senator Bjorkman and Senate Labor & Committee Members,

Thank you for the opportunity to express Alaska Regional Hospital's support for Senate Bill 133 and our gratitude for Senator Bjorkman's leadership and commitment to the healthcare of all Alaskans by the introduction of this legislation.

While we recognize the importance of the prior authorization process in reviewing and validating the appropriateness of medical interventions, we must also acknowledge that it often causes significant challenges to ensuring Alaskans have timely access to potentially lifesaving treatments, medications and procedures.

Alaska Regional Hospital exists to provide patients with healthier tomorrows and it is our mission to be committed to the care and improvement of human life. This has guided our organization for decades and it illustrates our dedication to ensuring that patients we serve have access to the treatments they need and the quality they deserve.

This is the basis for our strong support of Senate Bill 133. In addition, we recognize and appreciate the collaborative efforts of many stakeholders who have been working together to improve the prior authorization process to the benefit of all Alaskans.

Thank you, Senator Bjorkman, for sponsoring SB133. We are hopeful that this bill will be passed.

Sincerely,

Jennifer Opsut  
Chief Executive Officer



March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

## **RE: SB 133 – Reform to Step Therapy Protocols**

To the Alaska State Senate Labor & Commerce Committee:

On behalf of the Alliance for Gout Awareness, I am writing in support of SB 133. This legislation is necessary to ensure that patients living with gout in Alaska have timely access to clinician-prescribed treatments by providing clear guidelines around step therapy protocols.

### **About Gout and The Alliance for Gout Awareness**

Gout is a chronic form of inflammatory arthritis affecting more than 12 million Americans.<sup>1</sup> Gout occurs due to a buildup of uric acid in the body. When excess uric acid builds up in the body, it deposits around joints and can lead to swollen joints and sudden, intensely painful attacks that can be debilitating.<sup>2</sup> It is a chronic medical condition that, left untreated, can result in more frequent and painful attacks and joint damage.<sup>3</sup> It can also increase patients' risk for other severe medical conditions such as kidney disease, cardiovascular disease, diabetes, and stroke.<sup>4</sup>

The [Alliance for Gout Awareness](https://goutalliance.org) (AGA) aims to reduce stigma and empower patients by improving public understanding of gout. AGA collaborates with our network of member organizations to heighten public awareness, address common misconceptions, and encourage patients to acknowledge the disease's impact and seek appropriate treatment.

### **Step Therapy Protocols Can Harm Patients Living with Gout**

Insurers use a variety of approaches to manage their costs—often at the expense of gout patients' health.<sup>5</sup> Step therapy, also known as “fail first,” is an approach that requires patients to try and fail insurer-preferred medications before they can access the medication(s) prescribed by their provider. The insurer-preferred medications are often older therapies that are less expensive to the insurer. However, these may not offer relief to patients, and delays in accessing provider-prescribed medications may lead to more frequent and painful gout attacks, increased trips to the ER/Urgent Care, and increased health risks.<sup>6</sup> According to a 2022 survey conducted by the Alliance for Patient Access, 98% of physicians identify step therapy as a significant barrier to proper care for their patients.<sup>7</sup>

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<sup>1</sup> [Trends in Prevalence of Gout Among US Asian Adults, 2011-2018 | Rheumatology | JAMA Network Open | JAMA Network](https://www.rheumatology.com/journal/rheumatology/2018/12/18/trends-in-prevalence-of-gout-among-us-asian-adults-2011-2018)

<sup>2</sup> Alliance for Gout Awareness. What is Gout? <https://goutalliance.org/what-is-gout/>

<sup>3</sup> Alliance for Gout Awareness. When Gout Goes Untreated. <https://goutalliance.org/resources/when-gout-goes-untreated/>

<sup>4</sup> Arthritis Foundation Comorbid Conditions and Gout. <https://www.arthritis.org/health-wellness/about-arthritis/related-conditions/other-diseases/five-conditions-linked-with-gout>

<sup>5</sup> Alliance for Gout Awareness. A Roadmap to Better Care for Gout. <https://goutalliance.org/resources/a-roadmap-to-better-care-for-gout/>

<sup>6</sup> Alliance for Gout Awareness. Step Therapy & Gout. <https://goutalliance.org/resources/step-therapy-gout/>

<sup>7</sup> Alliance for Patient Access. Physician Burnout & Utilization Management Survey [https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA\\_Physician-Burnout-Utilization-Management\\_Tri-fold\\_DIGITAL\\_November-2024.pdf](https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA_Physician-Burnout-Utilization-Management_Tri-fold_DIGITAL_November-2024.pdf)

While gout is not curable, it is treatable when approached from a holistic view of managing acute gout flares and addressing the root cause of chronic gout. Gout is a systemic disease that requires providers to utilize therapies to relieve flare symptoms and decrease the amount of uric acid in the blood. In addition to the severe physical pain associated with gout attacks, the condition can affect a patient's social, emotional, and mental health and well-being, which can threaten the overall quality of life for patients.<sup>8</sup>

Treatment decisions should be determined by the patient and provider as opposed to by an insurer's step therapy protocols that can delay appropriate access to treatment and inhibit a patient-centered approach to care.

**SB 133 Supports Patient Access to Provider-Prescribed Treatment in Alaska**

SB 133 would support patient-centered gout care by reforming step therapy practices. The legislation requires insurers to enact transparent and efficient processes for patients and providers to request step therapy protocol exemptions. This legislation does not prohibit step therapy protocols or limit the number of steps required by an insurer but defines circumstances that would allow for exemptions. With these processes in place, patients living with gout in Alaska would be able to better access treatment prescribed by their provider in a timely and appropriate manner. As a result, patients are able to proactively and effectively manage their condition.

On behalf of the Alliance for Gout Awareness and our membership, thank you for your leadership on this important issue and for supporting patient access. If we can provide further details or answer any questions, please contact Kayla Roddey at [kroddey@allianceforpatientaccess.org](mailto:kroddey@allianceforpatientaccess.org).

Sincerely,

The Alliance for Gout Awareness & co-signing organizations:

Alliance for Patient Access  
American Kidney Fund  
Global Healthy Living Foundation  
Gout Education Society  
Gout Support Group of America  
HealthyWomen  
Infusion Access Foundation  
Lupus and Allied Diseases Association, Inc.  
National Infusion Center Association  
Rheumatology Nurses Society  
U.S. Pain Foundation

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<sup>8</sup> Alliance for Gout Awareness. The Journey Toward Disease Management: A National Survey of Gout Patients.  
<https://goutalliance.org/resources/the-journey-toward-disease-management-a-national-survey-of-gout-patients/>



**Alliance for  
Patient Access**

March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Senate Labor & Commerce  
State Capitol, 120 4<sup>th</sup> St.  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice-Chair Senate Labor & Commerce  
State Capitol, 120 4<sup>th</sup> St.  
Juneau, AK 99801

**Re: Support for SB 133 – Improving Step Therapy Protocols**

Dear Chair Bjorkman and Vice Chair Merrick:

On behalf of the Alliance for Patient Access (AfPA), I am writing in support of SB 133. This legislation will protect the clinician-patient relationship by providing clear guidelines on the use of step therapy, one of the most common health insurer utilization management tools.

Founded in 2006, AfPA is a national network of policy-minded health care providers who advocate for patient-centered care. AfPA supports health policies that reinforce clinical decision making, promote personalized care and protect the clinician-patient relationship. Motivated by these principles, AfPA members participate in clinician working groups, advocacy initiatives, stakeholder coalitions and the creation of educational materials.

Step therapy is a utilization management tool used by insurers to dictate a specific course of care, often to contain health care costs. Sometimes referred to as “fail first,” step therapy protocols require patients to try and fail on one or more medications that are typically lower cost, before the patient can access the medication prescribed by their health care provider. This leads to delays in accessing treatment and can prevent patients from getting the medications prescribed to them. Delays in care produce more negative health outcomes and an increased burden on both patients and clinicians. You can learn more about step therapy best practices that respect the clinician-patient relationship in AfPA’s step therapy [position paper](#).

SB 133 would improve patient access through the establishment of a clear and accessible process ensuring patients and providers can understand how to secure an exemption from the formulary step requirements. Importantly, the legislation would require exception requests (to override the step protocol) to be granted in a timely manner when the formulary-preferred medicine: (1) is contraindicated, (2) is expected to be ineffectual based on a specific patient, (3) is not in the best interest of the patient based on medical necessity, (4) has already been tried and found ineffective, or (5) when the patient is stable on another medicine.

The bill would also require step therapy protocols be based on clinical review criteria and practice guidelines developed by a multi-disciplinary panel of experts. Step therapy rooted in clinical guidelines would still be permitted - the bill does not prevent insurance companies from using step therapy, nor does it limit the number of steps required by the insurer. However, by requiring clinically based requirements and a clear, timely exception process, this legislation would reduce the burden on patients and providers and support a patient-centered system of care.

*Alliance for Patient Access  
2020 K St. NW | Suite 505  
Washington, DC 20006*

A recent American Journal of Managed Care study including over 500 physicians based across the country found that 79% reported step therapy as a major or significant barrier to clinical and patient care.<sup>1</sup> More than half (52%) of the physicians reported spending between 6 to 21 hours per week on paperwork related to health insurance utilization management, 67% had experienced burnout at some point in their career, and 64% indicated that utilization management practices such as step therapy had been a contributing factor to burnout. Finally, 73% of physicians favored requiring step therapy to be based on science. These findings indicate that utilization management practices such as step therapy have a significant detrimental impact on physicians and the patients they care for.

On behalf of Alaska patients and the Alliance for Patient Access, we urge your support for SB 133 to ensure patients can have timely access to the treatments they need.

Sincerely,

A handwritten signature in cursive script that reads "Josie Cooper".

Josie Cooper  
Executive Director  
Alliance for Patient Access

**Cc:**

Sen. Elvi Gray-Jackson  
Sen. Forrest Dunbar  
Sen. Robert Yundt

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<sup>1</sup> <https://doi.org/10.37765/ajmc.2024.89626>



# Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

☎ 907.729.7510 📠 907.729.7506 • 4000 Ambassador Drive (ANHB Office) • Anchorage, Alaska 99508 • [www.anhb.org](http://www.anhb.org)

March 26, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

RE: Support for Senate Bill 133 – Prior Authorization

Dear Chair Bjorkman and Committee Members,

The Alaska Native Health Board (ANHB)<sup>1</sup> writes to express our support for SB 133 Prior Authorization. The prior authorization is a review process commonly used by insurers that essentially requires healthcare providers to obtain express authorization to provide a specific treatment or procedure for their patients. While prior authorization can be useful for reviewing the appropriateness of medical care, it can also cause significant delays in necessary, urgent patient treatment.

Across the Alaska Tribal Health System, the current prior authorization process serves as an administrative challenge to our ability to provide needed health care services and medications in a timely and efficient manner. To preserve limited health care resources for direct patient care, it's critical that we work together to improve the existing prior approval process through a collaborative and coordinated effort. SB 133 is a product of this effort, representing a significant step in strengthening our care delivery system and the health of the patients we serve.

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state.

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<sup>1</sup> ANHB was established in 1968 to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of Tribal health programs that serve all 229 Tribes and over 234,000 Alaska Native and American Indian people throughout the state. As the statewide Tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal programs to achieve effective consultation and communication with state and federal agencies on matters of concern.

ALASKA NATIVE TRIBAL  
HEALTH CONSORTIUM

ALEUTIAN PRIBILOF  
ISLANDS ASSOCIATION

ARCTIC SLOPE  
NATIVE ASSOCIATION

BRISTOL BAY AREA  
HEALTH CORPORATION

CHICKALOON VILLAGE  
TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER  
NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN  
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA  
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN  
INDIAN COMMUNITY

KODIAK AREA  
NATIVE ASSOCIATION

MANIILAQ ASSOCIATION

METLAKATLA INDIAN  
COMMUNITY

MT. SANFORD  
TRIBAL CONSORTIUM

NATIVE VILLAGE  
OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE  
OF TYONEK

NINILCHIK  
TRADITIONAL COUNCIL

NORTON SOUND  
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL  
FOUNDATION

SOUTHEAST ALASKA REGIONAL  
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM  
HEALTH CORPORATION

VALDEZ NATIVE TRIBE



We urge the Legislature to advance SB 133. Thank you for your leadership and commitment to the well-being of all of Alaska. If you have any comments or questions regarding our recommendations in this letter, please contact ANHB at [anhb@anhb.org](mailto:anhb@anhb.org) or via telephone (907) 729-7510.

Sincerely,

A handwritten signature in black ink, appearing to read "W F Smith". The signature is fluid and cursive, with the first name "W" and last name "Smith" being the most legible parts.

Chief William F. Smith, Chairman  
Alaska Native Health Board



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4951 Business Park Blvd. • Anchorage, AK, 99503 • (907) 743-7200 • [anhc.org](http://anhc.org)

March 25, 2025

Senator Jesse Bjorkman, Chair

Senate Labor & Commerce Committee

State Capitol Room 105

Juneau AK, 99801

[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: Anchorage Neighborhood Health Center Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

Anchorage Neighborhood Health Center (ANHC) is a federally qualified health center (FQHC) serving more than 15,000 Alaskans each year, many of whom are uninsured, underinsured, or managing complex, chronic health conditions. We provide comprehensive medical, dental, and behavioral health care with a focus on access and prevention. ANHC supports Senate Bill 133 because it offers practical, much-needed updates to the prior authorization process that will directly benefit our patients and care teams.

Our providers frequently encounter delays due to prior authorization requirements, which can postpone essential treatments or medications—particularly for chronic conditions like diabetes, mental health disorders, and cardiovascular disease. These delays create administrative burdens, disrupt continuity of care, and can negatively affect patient outcomes. One of our patients, a middle-aged man living with severe depression and anxiety, faced a nearly two-week delay in accessing a new medication after his current treatment stopped working. During that wait, his condition worsened, and he experienced a mental health crisis that led to an emergency room visit. Although our care team acted quickly, the prior authorization process slowed his access to the care he urgently needed. Situations like this are not uncommon—and they're avoidable. SB 133 strikes a thoughtful balance by streamlining these processes while maintaining safeguards, and we appreciate the collaborative effort to find common ground with insurers.



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4951 Business Park Blvd. • Anchorage, AK, 99503 • (907) 743-7200 • [anhc.org](http://anhc.org)

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa D.H. Aquino".

Lisa D.H. Aquino, MHS  
ANHC Chief Executive Officer

A handwritten signature in black ink, appearing to read "Casey Gokey, MD".

Dr. Casey Gokey  
ANHC Chief Medical Officer



April 3, 2025

Senator Donny Olson, Co-Chair  
Senate Finance Committee  
State Capitol Room 508  
Juneau, AK 99801

RE: ANTHC Support of Senate Bill 133

Co-Chair Olson,

On behalf of the Alaska Native Tribal Health Consortium (ANTHC), I write in support of Senate Bill (SB) 133.

ANTHC is a statewide Tribal health organization serving all 229 tribes and all Alaska Native and American Indian (AN/AI) people in Alaska. ANTHC provides a wide range of statewide public health, community health, environmental health, and other programs and services for Alaska Native people and their communities. ANTHC and Southcentral Foundation operate programs at the Alaska Native Medical Center (ANMC), the statewide tertiary care hospital for all AN/AI people in Alaska, under the terms of Public Law 105-83.

At ANMC and across the Alaska Tribal Health System, the current prior authorization process serves as an administrative challenge to our ability to provide needed health care services and medications in a timely and efficient manner. To preserve limited health care resources for direct patient care, it's critical that we work together to improve the existing prior approval process through a collaborative and coordinated effort. SB 133 is a product of this effort, representing a significant step in strengthening our care delivery system and the health of the patients we serve.

Thank you for your leadership in sponsoring SB 133 and appreciate the opportunity to provide written support of this important legislation. Please do not hesitate to contact me at [mmartin@anthc.org](mailto:mmartin@anthc.org) or 907-444-8808 with any questions or if additional information can be provided.

Sincerely,

A handwritten signature in black ink that reads "Monique R. Martin". The signature is written in a cursive, flowing style.

Monique R. Martin, Vice President  
Intergovernmental Affairs

**Alaska Native Tribal Health Consortium**  
4000 Ambassador Drive, Anchorage, Alaska 99508  
Main: (907) 729-1900 | Fax: (907) 729-1901 | [anthc.org](http://anthc.org)



March 26, 2025

Senate Committee on Labor and Commerce  
Alaska State Capitol  
120 4th St  
Juneau, AK 99801-1182

Dear Chairman Bjorkman and Members of the Committee on Labor and Commerce:

On behalf of the people living with cystic fibrosis (CF) in Alaska, we write to express our support for SB 133, which makes several important reforms to the prior authorization (PA) process. PAs can delay access to critical CF therapies and the Cystic Fibrosis Foundation supports efforts to minimize the administrative burden PAs impose on patients and their providers, enhance efficiency of the process, and promote transparency of PA requirements.

### **About Cystic Fibrosis**

Cystic fibrosis is a progressive, genetic disease that affects the lungs, pancreas, and other organs. There are close to 40,000 children and adults living with cystic fibrosis in the United States, and CF can affect people of every racial and ethnic group. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. CF care is grounded in evidence-based clinical guidelines and as a complex, multi-system disease without a cure, CF requires an intensive treatment regimen including multiple medications. For people with CF, it is not uncommon to take seven therapies every day, and as many as twenty.<sup>1</sup> Many medications are taken year after year, and in most cases, for life. While advances in CF care are helping people live longer, healthier lives, we also know that the cost of care is a barrier for many people with the disease.

### **Prior Authorization Reform**

Prior authorizations are one of the obstacles people with CF must navigate when accessing care. These requirements can delay the start or continuation of needed treatments, which can lead to adverse health outcomes. In a 2023 survey by the American Medical Association, 94 percent of physicians reported that prior authorizations led to delays in necessary care for their patients whose treatment required PA and nearly 80 percent reported that PAs have led to patients abandoning their treatment at some point.<sup>2</sup> Because CF is a progressive disease, patients who delay or forgo treatment—even for as little as a few days—face increased risk of lung exacerbations, costly hospitalizations, and potentially irreversible lung damage.

PAs can also cause significant administrative burden for CF providers and are often redundant for medications that people with CF must take indefinitely to maintain their health. In a CF Foundation survey of CF care teams, 58 percent of providers reported spending 20 percent or more of their time on PAs in 2016. This arduous process diverts valuable time and resources away from direct patient care.

The Foundation understands that payers adopt prior authorization policies to ensure patients only receive medically necessary care, and we recognize the challenge insurers face in managing medication utilization and cost. However, utilization management cannot come at the expense of delays in patient access to needed care. SB 133 provides an opportunity to make prior authorization processes more efficient, allowing for timely access to appropriate treatments. We appreciate Alaska's attention to this issue and support the following provisions in SB 133:

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2680350/>

<sup>2</sup> <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

### *Medications for Chronic Diseases*

Recognizing that people living with CF and other lifelong, chronic diseases take the same drugs for most of their lives, we appreciate that SB 133 exempts drugs and therapies used to treat chronic conditions from repeat authorizations and requires insurers to honor a prior authorization approval for at least twelve months. Eliminating unnecessary repeat authorizations will help promote immediate and consistent access to life-saving therapies for people with CF, and significantly reduce administrative burden for CF care teams.

### *Response Times*

SB 133 requires health plans to respond to all prior authorization requests within 72 hours for non-urgent services or 24 hours for urgent services, thereby ensuring timely access to treatments. Gaps in therapy put people with CF at increased risk of costly hospitalizations and negative health outcomes.<sup>3</sup> We support efforts to reduce delays in care and ensure people have timely access to their necessary medications.

### *Evidence-Based Review*

One of the purposes of prior authorization is to verify the clinical appropriateness of a service, so it is crucial that insurers use evidence-based criteria when developing prior authorization requirements. CF treatments have very clear indications established by the Food and Drug Administration and it is essential that prior authorization criteria reflect the data and label approval. To that end, SB 133 requires insurers to review their prior authorization criteria annually and ensure that their criteria reflect current medical and scientific evidence. Additionally, the bill requires that insurers establish processes for providers to request clinical peer review of a prior authorization request. The peer reviewer must be a medical doctor who has expertise in the same specialty area as the provider submitting the PA request.

\*\*\*\*\*

The Cystic Fibrosis Foundation understands the challenge insurers face in managing medication utilization and the rising cost of health care. However, utilization management strategies that further burden patients and providers are unacceptable and cannot come at the expense of delays in patient access to needed care. SB 133 provides an opportunity to make prior authorization processes more transparent, efficient, and evidence-based, allowing for timely access to appropriate treatments. Please contact Adina Rubenstein, Senior Policy & Advocacy Coordinator, at [arubenstein@cff.org](mailto:arubenstein@cff.org) with any questions about this important issue for the CF community in Alaska.

Sincerely,



Mary B. Dwight  
Chief Policy & Advocacy Officer  
Senior Vice President, Policy & Advocacy  
Cystic Fibrosis Foundation

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<sup>3</sup>[https://www.cysticfibrosisjournal.com/article/S1569-1993\(17\)30885-8/pdf](https://www.cysticfibrosisjournal.com/article/S1569-1993(17)30885-8/pdf)

March 17, 2025

The Honorable Jesse Bjorkman  
Chairman, Senate Labor and Commerce Committee  
Alaska State Legislature  
Capitol Building, Room 427  
Juneau, Alaska 99801

**Subject: Support for Senate Bill 133 – Prior Authorization**

Dear Chairman Bjorkman,

I am writing to you on behalf of Central Peninsula Hospital to express our strong support for Senate Bill 133, which aims to improve the prior authorization process.

Central Peninsula Hospital is committed to providing high-quality, efficient care to our community. However, the current prior authorization process often creates unnecessary delays and administrative burdens for our patients. Senate Bill 133's provisions, such as the establishment of clear timelines for responses, the requirement for transparent and evidence-based standards, and implementation of a prior authorization application programming interface, will streamline the process and enhance patient access to timely care.

This legislation makes prior authorization standards that ensures transparency, establishes a process for health care providers to request a clinical peer review of a prior authorization request, ensures that clinical expertise is considered in the decision-making process, mandates that prior authorizations for chronic conditions are valid for a minimum of 12 months and reduces the administrative burden associated with ongoing care. These are all positive improvements over today's prior authorization process!

We believe this legislation will have a positive impact on the delivery of care in Alaska, and we urge you hear and move this legislation as quickly as possible. Thank you for your leadership on this important issue.

Sincerely,



Shaun Keef  
CEO  
Central Peninsula Hospital



April 10, 2025

**RE: Support for SB 133 & HB 144 – Reforming Prior Authorization in Alaska**

Senate Labor & Commerce Committee and Members of the 34<sup>th</sup> Legislature,

The Greater Fairbanks Chamber of Commerce strongly supports Senate Bill 133 and companion legislation, House Bill 144, which aims to modernize and streamline the prior authorization process in Alaska's healthcare system.

Our members, who include healthcare providers, businesses, and employees who rely on timely access to medical care, have shared ongoing concerns about the delays, confusion, and administrative burden associated with the current prior authorization requirements. SB 133 & HB 144 address these concerns through a thoughtful and collaborative approach developed by stakeholders across the healthcare spectrum. It also reflects a bipartisan, solution-oriented approach to improving healthcare in Alaska.

We support SB 133 because it:

- Establishes reasonable timelines for insurers to respond to prior authorization requests, reducing treatment delays and improving patient outcomes.
- Leverages secure digital tools, like online portals, to streamline submissions and protect patient information.
- Protects Alaska's most vulnerable patients, especially those with chronic conditions and those facing Stage 4 advanced metastatic cancer, by ensuring timely access to necessary treatments.
- Empowers the Division of Insurance to track key metrics and enforce compliance, bringing greater oversight and transparency to the system.

SB 133 and HB 144 not only creates a transparent and standardized process for prior authorization that is easy to understand, but also balances support for providers, patients, insurers, and regulators. It improves communication between insurers and providers, ensuring clarity and accountability when determinations are made, or process changes

**EXECUTIVE PARTNERS**

**DIAMOND**

Costco Wholesale  
Denali State Bank  
GCI  
Mt. McKinley Bank

**PLATINUM**

ConocoPhillips Alaska  
Doyon, Limited  
Foundation Health Partners  
Golden Heart Utilities  
Harvest Midstream  
Weidner Apartment Homes

**GOLD**

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Contango Ore Inc.  
Design Alaska  
Doyon Utilities LLC  
First National Bank Alaska  
Holland America Group / Princess Cruise  
Kinross Fort Knox  
Matson  
Northern Star Resources Limited  
TDL Staffing Inc.  
TOTE Maritime Alaska  
University of Alaska Fairbanks  
Usibelli Coal Mine  
Wal-Mart

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Everts Air Cargo, Everts Air AK  
Exclusive Paving/University Redi-Mix  
FNSB Riverside Division  
Free Gold  
Full Tilt Mechanical & Construction  
Gene's Chrysler Dodge Jeep RAM  
GHEMM Company, LLC.  
Global Credit Union  
Golden Valley Electric Association  
Interior Gas Utility  
JL Properties, Inc.  
LifeMed Alaska  
Lynden  
MAC Federal Credit Union  
McDonald's of Fairbanks  
Northrim Bank  
Robinson & Ward PC  
Santos, Ltd.  
Sourdough Fuel/Petro Star  
Spirit of Alaska Federal Credit Union  
Stewart Title Company – Yukon Division  
Tower Hill Mines-Livengood Gold Project  
Vivamore Companies  
6.5.2024



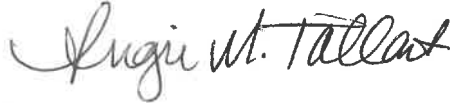
occur. It also aligns with the Chamber's goals of supporting policies that enhance our community's quality of life and workforce productivity.

We thank the Legislature for their leadership on this important issue and respectfully urge the passage of these reforms to prior authorization during this session.

Sincerely,



Donald Burgess  
President & CEO



Angie Tallant  
Board Chair

**CC:**

Office of Governor Mike Dunleavy  
Office of U.S. Senator Lisa Murkowski  
Office of U.S. Senator Dan Sullivan  
Office of U.S. Representative Nick Begich  
Heidi Hedberg, Commissioner, Alaska Department of Health  
Grier Hopkins, Mayor, Fairbanks North Star Borough  
David Pruhs, Mayor, City of Fairbanks  
Larry Terch, Mayor, City of North Pole  
Members of the 34<sup>th</sup> Legislature  
Kati Capozzi, President & CEO, Alaska Chamber  
Members of the Greater Fairbanks Chamber of Commerce



FOUNDATION

HEALTH PARTNERS

(907) 458-5300 Phone  
(907) 458-5324 Fax  
[www.foundationhealth.org](http://www.foundationhealth.org)  
1650 Cowles Street  
Fairbanks, AK 99701

March 28, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau, AK 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

Re: Support for SB 133 – Prior Authorizations

Dear Chairman Bjorkman and Committee Members,

Foundation Health Partners (FHP) is a wholly owned subsidiary of The Greater Fairbanks Community Hospital Foundation operating Fairbanks Memorial Hospital, Denali Center, and Tanana Valley Clinic. As a healthcare system dedicated to providing a full continuum of health care services to Interior and Northern Alaska residents, FHP recognizes the urgent need to reform prior authorization processes to improve patient care and alleviate administrative burdens on providers.

Prior authorization, while intended to ensure the appropriateness of medical treatments, has become a significant barrier to timely patient care. Hospitals and healthcare providers across the state, including those under FHP, continually face delays caused by inefficient and inconsistent prior authorization requirements. These delays can lead to negative health outcomes, particularly for patients requiring urgent or ongoing treatment.

FHP's patients, families, and neighbors have countless stories about how the current prior authorization system has caused delays and failures in communication. SB 133 introduces much-needed reforms that will benefit both healthcare providers and the patients we serve by reducing delays in patient care, enhancing transparency and efficiency, protecting patients with chronic and advanced conditions, and establishing clear exceptions for step therapy.

These reforms will enable FHP and other healthcare providers to focus on what matters most—delivering high-quality, timely care to our patients. By addressing the inefficiencies and inconsistencies that have long plagued prior authorization, SB 133 ensures that Alaska's hospitals can operate more effectively and improve health outcomes statewide.

Foundation Health Partners is proud to support this collaborative, stakeholder-driven reform and urges the committee to advance SB 133 for the benefit of all Alaskans. Thank you for your commitment to improving healthcare access and efficiency in our state.

Sincerely,

A handwritten signature in blue ink, reading "Shelley D. Ebnal". The signature is fluid and cursive, with the first name "Shelley" being the most prominent.

Shelley D. Ebnal  
Chief Executive Officer  
Foundation Health Partners

March 26, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: Mat-Su Regional Medical Center Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

Mat-Su Regional Medical Center is 125 bed hospital located in Palmer, AK. We are the sole community hospital serving the Mat-Su Borough since 2006. Mat-Su Regional Medical Center supports SB 133.

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. We continuously have a queue of patients awaiting services because of the long arduous wait it takes them to get prior authorization. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,

James M. Bunch  
Interim CEO/COO



March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

RE: SB 133 – Step Therapy Protocol Reform

To the Alaska State Senate Labor & Commerce Committee:

On behalf of the Movement Disorders Policy Coalition, I am writing in support of SB 133. This legislation is critical in ensuring patients – including those with movement disorders – can access the therapies their health care provider prescribes, in a timely and appropriate manner, by providing clear exemptions and approval timelines when step therapy is required.

The [Movement Disorders Policy Coalition](#) (MDPC) serves as a platform from which stakeholders, including health care providers and patients, can provide input on policy decisions impacting patient-centered care for those living with movement disorders. As a coalition of stakeholder groups across the movement disorders space, MDPC advocates at the federal, state, and health plan levels for key health reforms that increase access to personalized care for patients with movement disorders including Parkinson’s disease, essential tremor, tardive dyskinesia, Tourette Syndrome, dystonia, ataxia and Huntington’s disease.

Step therapy is a utilization management tool used by health insurance plans to contain health care costs. Sometimes called “fail first,” step therapy protocols require a patient to try and fail one or more medications, often at lower cost to the insurer, before he or she can access the medication prescribed by their healthcare provider. According to a 2022 survey conducted by the Alliance for Patient Access (AfPA), 98% of physicians identify step therapy as a significant barrier.<sup>1</sup> These step therapy protocols interfere with the physician-patient relationship, delaying accessing appropriate care, and in turn leading to increased burden on both patients and their health care providers.

People living with movement disorders manage complex conditions and treatment regimens, and already experience significant challenges in everyday life. Timely and effective therapy is paramount to ensuring these patients can successfully manage their disease and have quality of life. Therefore, treatment decisions for these patients should be considered on an individual basis, based on the patient’s health care status and clinician’s expertise, rather than based on insurer step therapy protocols. Patients with movement disorders need direct, continuous access to the medications that have been demonstrated to treat both the physical and mental health symptoms of their condition.

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<sup>1</sup> Alliance for Patient Access. Physician Burnout & Utilization Management Survey  
[https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA\\_Physician-Burnout-Utilization-Management\\_Tri-fold\\_DIGITAL\\_November-2024.pdf](https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA_Physician-Burnout-Utilization-Management_Tri-fold_DIGITAL_November-2024.pdf)



The course of care prescribed by physicians and other healthcare providers is the foundation of patient-centric care. When health care plans interfere with that process and limit the course of treatment, it jeopardizes the patient's overall health.

SB 133 would improve patient access by requiring insurance companies to establish a clear and convenient process for patients and providers to request exceptions from step therapy protocols. While the bill does not prohibit the use of step therapy or limit the number of steps that an insurer can require, it does outline specific instances where an exception to step therapy protocols would be granted. Clear guidelines, improved accessibility, and more efficient response times to step therapy appeals will aid in improving access to medications and protecting the provider-patient relationship that is critical to successful care.

On behalf of the Movement Disorders Policy Coalition and our membership, we ask that you support SB 133 and thank you for your leadership on this important issue. If we can provide further details or answer any questions, please reach out to Josie Cooper at [jcooper@allianceforpatientaccess.org](mailto:jcooper@allianceforpatientaccess.org).

Sincerely,

Josie Cooper  
Movement Disorders Policy Coalition

**Co-Signing Organizations:**

Aimed Alliance  
Alliance for Patient Access  
Caregiver Action Network  
Clinical Neurological Society of America  
Depression and Bipolar Support Alliance  
Dystonia Medical Research Foundation  
Hawai'i Parkinson Association  
HD Reach  
Huntington's Disease Society of America  
National Ataxia Foundation  
National Organization for Tardive Dyskinesia  
Parkinson & Movement Disorder Alliance  
Parkinson's Foundation  
The Michael J. Fox Foundation for Parkinson's Research



**March 26, 2025**

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

RE: PeaceHealth Ketchikan Medical Center Supports Senate Bill 133 – Prior Authorization

Dear Chair Bjorkman and Committee Members,

PeaceHealth Ketchikan Medical Center is the sole hospital in Ketchikan and serves as a medical hub for the surrounding islands. We are a 25-bed critical access hospital and a level IV trauma center. We employ approximately 500 community members and are the largest private employer on the island. PeaceHealth Ketchikan Medical Center supports SB 133.

Recently, we ran into an issue with delays in prior authorizations for planned cesarian sections. There are many instances, such as a c-section, when a procedure may be both planned and urgent, needing quick authorizations. We also care for residents of surrounding islands. Many travel to Ketchikan for medical procedures. Occasionally, those procedures are delayed because prior authorizations have not come through making the patient have to decide if they stay and wait or spend additional money and time to travel back to Ketchikan. This negatively impacts our rural communities as well as our urban hubs, and this bill works toward addresses those real challenges.

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,

Sarah Cook  
Chief Administrative Officer  
PeaceHealth Ketchikan Medical Center



**Petersburg**  
MEDICAL CENTER

PO Box 589  
103 Fram Street  
Petersburg, AK 99833  
907-772-4291  
[www.pmcak.org](http://www.pmcak.org)

**Date: 3/21/2025**

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: Petersburg Medical Center Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

Petersburg Medical Center is a Critical Access Hospital, Primary Care, Outpatient, Home Health and Long-Term Care facility serving the Borough of Petersburg, Alaska. We are a lifeline for our rural community, ensuring access to essential healthcare services for residents who might otherwise have to travel long distances for care. Petersburg Medical Center supports SB 133.

Our experience with prior authorization has shown, often and repeated, unnecessary delays in approvals that result in patients going without needed treatments and access to care. This leads to worsened health outcomes, unnecessary administrative burden(s) and can increased emergency care visits or inpatient admissions. Streamlining this process is crucial, especially in rural areas like ours, where access to specialists and alternative care options are already limited. Prior authorization reform will help us provide more efficient and timely care to our patients, reducing unnecessary burdens on both providers and patients alike.

SB 133 is important because it brings much-needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,

  
Phil Hofszetter  
CEO Petersburg Medical Center



March 25, 2025

Senator Jesse Bjorkman  
Chair, Senate Labor & Commerce  
Alaska State Legislature  
State Capitol Room 427  
Juneau, AK 99801

**RE: Premera Supports Senate Bill 133 – Prior Authorization**

Chair Bjorkman and Committee Members:

Thank you for sponsoring SB 133, Prior Authorization. Premera Blue Cross Blue Shield of Alaska engaged extensively in the efforts to negotiate a workable bill on this topic, and we commend SB 133 to you.

At Premera, we feel that efforts to promote the affordability of our products are key to continuing to be able to provide care for our customers. This is because affordability has become the highest bar a person must clear, in order to gain access to health insurance and health care services.

Prior authorization is a key component of affordability, in that it helps carriers verify that their members are getting the right care, at the right time, in the right setting and at the right price. It is well-publicized that some carriers have been exceedingly aggressive in this space, using prior authorization in as much as 20 percent of all claims. At Premera the number is about 2 percent. So we wanted to be sure that the compromise in front of you maintained the ability of health plans to use prior authorization, but with some reasonable sideboards as well as incentives that will help plans modernize and improve their prior authorization systems so that these systems optimally serve providers, patients and plans alike.

Our vision is that most prior authorizations will be approved instantaneously – improving the care for our members as well as their experience. However, this is impossible if the prior authorization request is initiated with a fax. We think this bill will help incentivize the adoption of electronic prior authorizations by providers, and for those providers that cling to their fax machines, we trust that eventually the improvements in the prior authorization system performance will be impossible to resist.

We would never suggest that HB 133 is perfect, but we commend it to you as it represents a set of reasonable compromises made by all parties.

We would also commend the process by which this legislation was crafted: considerable work among stakeholders involving lots of back and forth; give and take. There are too many controversial proposals of which this can't be said, so it is particularly deserving to be called out here.

Thank you once again, Senator Bjorkman, for sponsoring SB 133, and we urge its adoption.

Sincerely,



Gary B. Strannigan  
Vice President  
Congressional/Legislative Affairs

## Konrad Jackson

---

**From:** Gabrielle Draper <gdraper@woodberryassociates.com>  
**Sent:** Tuesday, March 25, 2025 7:30 AM  
**To:** Senate Labor and Commerce; Sen. Jesse Bjorkman; Sen. Kelly Merrick; Sen. Elvi Gray-Jackson; Sen. Forrest Dunbar; Sen. Robert Yundt  
**Cc:** Konrad Jackson  
**Subject:** Support for S.B.133



March 25, 2025

Senate Labor & Commerce Committee  
Alaska State Legislature  
120 4th St  
Juneau, AK 99801

### **RE: Support for S.B.133**

Dear Senate Labor & Commerce Committee:

On behalf of the Derma Care Access Network (DCAN), I am writing in support of Alaska S.B.133, which would limit the use of step therapy by insurers and provide patients and providers with a clear process for navigating step therapy. I ask that you support this bill, ensuring patients receive timely access to treatment.

The Derma Care Access Network is a coalition of more than two dozen advocacy organizations representing patients, health care providers, and other skin health stakeholders working to raise awareness and inform policies impacting patient-centered care.

According to the NIH, skin conditions affect as many as one in three Americans at any time. Common skin conditions include acne, contact dermatitis, alopecia, cancers, atopic dermatitis (also called eczema), and psoriasis.

Skin conditions are more than just a rash. Chronic skin disease can also affect one's mental health, impacting a patient's ability to work and participate in everyday activities. The physical, psychological, and social consequences affect patients, caregivers, and family members.

Step therapy is a utilization management scheme used by insurers to dictate a specific course of care, often to increase the insurers profits. Sometimes referred to as "fail first," step therapy protocols require patients to try and fail on one or more treatments before being able to access the medication originally

prescribed by their health care provider. This leads to delays in accessing treatment, negative health outcomes, and increased burden on both patients and providers.

According to a 2019 study done by Xcenda, step therapy protocols resulted in 40 percent of patients abandoning treatment. Frustrated by their inability to access a treatment that promised relief, these patients lost hope and the benefits of having an optimal health outcome. No patient should have to reach this point because insurers will not support their needs. The harm to patients is clear.

S.B.133 would establish a clear standard process for navigating step-therapy requests and exemptions, ensuring patients can receive timely access to their care without onerous step-therapy barriers.

On behalf of Alaska patients living with skin conditions and the Derma Care Access Network, I ask that you support S.B.133. This bill protects patients' treatment and health by ensuring they can access the medication prescribed by their clinician.

Sincerely,

**Gabrielle Draper**

*Director of Advocacy & Policy*

Derma Care Access Network

[gdraper@woodberryassociates.com](mailto:gdraper@woodberryassociates.com)

CC: Konrad Jackson

## Konrad Jackson

---

**From:** Gabrielle Draper <gdraper@woodberryassociates.com>  
**Sent:** Tuesday, March 25, 2025 7:30 AM  
**To:** Senate Labor and Commerce; Sen. Jesse Bjorkman; Sen. Kelly Merrick; Sen. Elvi Gray-Jackson; Sen. Forrest Dunbar; Sen. Robert Yundt  
**Cc:** Konrad Jackson  
**Subject:** Support for S.B.133



March 25, 2025

Senate Labor & Commerce Committee  
Alaska State Legislature  
120 4th St  
Juneau, AK 99801

### **RE: Support for S.B.133**

Dear Senate Labor & Commerce Committee:

On behalf of the Derma Care Access Network (DCAN), I am writing in support of Alaska S.B.133, which would limit the use of step therapy by insurers and provide patients and providers with a clear process for navigating step therapy. I ask that you support this bill, ensuring patients receive timely access to treatment.

The Derma Care Access Network is a coalition of more than two dozen advocacy organizations representing patients, health care providers, and other skin health stakeholders working to raise awareness and inform policies impacting patient-centered care.

According to the NIH, skin conditions affect as many as one in three Americans at any time. Common skin conditions include acne, contact dermatitis, alopecia, cancers, atopic dermatitis (also called eczema), and psoriasis.

Skin conditions are more than just a rash. Chronic skin disease can also affect one's mental health, impacting a patient's ability to work and participate in everyday activities. The physical, psychological, and social consequences affect patients, caregivers, and family members.

Step therapy is a utilization management scheme used by insurers to dictate a specific course of care, often to increase the insurers profits. Sometimes referred to as "fail first," step therapy protocols require patients to try and fail on one or more treatments before being able to access the medication originally

prescribed by their health care provider. This leads to delays in accessing treatment, negative health outcomes, and increased burden on both patients and providers.

According to a 2019 study done by Xcenda, step therapy protocols resulted in 40 percent of patients abandoning treatment. Frustrated by their inability to access a treatment that promised relief, these patients lost hope and the benefits of having an optimal health outcome. No patient should have to reach this point because insurers will not support their needs. The harm to patients is clear.

S.B.133 would establish a clear standard process for navigating step-therapy requests and exemptions, ensuring patients can receive timely access to their care without onerous step-therapy barriers.

On behalf of Alaska patients living with skin conditions and the Derma Care Access Network, I ask that you support S.B.133. This bill protects patients' treatment and health by ensuring they can access the medication prescribed by their clinician.

Sincerely,

**Gabrielle Draper**

*Director of Advocacy & Policy*

Derma Care Access Network

[gdraper@woodberryassociates.com](mailto:gdraper@woodberryassociates.com)

CC: Konrad Jackson

March 18, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: AHHA Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

For over 70 years, the Alaska Hospital & Healthcare Association (AHHA) has served as a non-profit trade association representing Alaska's hospitals, nursing homes, and a growing number of healthcare partners across the continuum of care. AHHA members play an invaluable role, both as community providers and essential employers, in cities, towns, and villages across Alaska.

**AHHA strongly supports SB 133, and we thank Senator Bjorkman for introducing this important piece of legislation.**

Prior authorization is a review process commonly used by insurers that essentially requires healthcare providers to obtain express authorization to provide a specific treatment or procedure for their patients. While prior authorization can be useful for reviewing the appropriateness of medical care, it can also cause significant delays in necessary, urgent patient treatment.

We hear story after story about time-consuming appeals, endless paperwork, lack of consistency and transparency, and needless interruptions to treatment when patients are at their most vulnerable. This has contributed to a contentious relationship between providers and insurers in Alaska and across the country.

AHHA spent the interim working to align insurers, providers, and regulators around shared priorities. To start, we partnered with our member hospitals to identify practical, workable solutions to the prior authorization challenges. We then engaged with the Division of Insurance to assess feasibility and impact from a regulatory perspective. From there, discussions with insurers revealed common ground, making it clear that we could agree to concrete reforms to improve the prior authorization process.

SB 133 is the result of this collaborative effort. The bill has the strong backing of Alaska's hospitals through AHHA, physicians via the Alaska State Medical Association, and the state's major health insurers. The bill prioritizes system automation and injects a new level of transparency for prior authorization, including policies, peer review and appeals, enforcement, and accountability.

***Advancing Healthcare for Alaska***

**[www.alaskahha.org](http://www.alaskahha.org)**

1007 W 3<sup>rd</sup> Ave, Suite 301 | Anchorage, AK 99501  
426 Main St. | Juneau, AK 99801



SB 133 also includes the following reforms that will have an immediate and positive impact on patients:

- Faster turnaround times for prior authorization decisions – from five working days to 72 hours
- Long-term approval for treatment plans concerning chronic conditions
- Automatic approval for key therapies for Stage Four Advanced Metastatic Cancer
- A clear process for requesting exceptions to step therapy requirements

Finally, AHHA is proud of the work that went into SB 133 and is grateful to Senator Bjorkman for bringing this legislation forward. This bill exemplifies effective, stakeholder-driven reform that will create lasting improvements in patient care. We strongly support SB 133 and urge the committee to swiftly consider and pass this bill.

Thank you for considering this request and for your commitment to advancing healthcare for Alaska.

Sincerely,

Jared C. Kosin, JD, MBA  
President & CEO





March 25, 2025

Alaska Senate  
ATTN: Committee on Commerce & Labor  
120 4<sup>th</sup> Street,  
Juneau, AK 99801

**Re: SB 133 – Regarding Prior Authorization**

On behalf of the EveryLife Foundation for Rare Diseases, we are pleased to submit testimony in support of SB 133. The EveryLife Foundation is a nonprofit, nonpartisan organization dedicated to empowering the rare disease patient community to advocate for impactful, science-driven legislation and policy that advances the equitable development of and access to lifesaving diagnoses, treatments, and cures.

Inappropriate utilization management requirements burden patients living with chronic illness, including the 1 in 10 people nationwide impacted by one or more of the 10,000+ rare diseases. While 95% of rare diseases do not yet have an FDA-approved treatment<sup>i</sup>, for those patients who do have an available therapy, prior authorization requirements create hurdles in accessing the treatments that many have fought for decades to exist. In some cases, insurers may deny coverage altogether, leaving rare disease patients with few options. This is especially true for rare disease patients whose treatments often do not have alternatives. We support the provisions in SB 133, including those listed below, that would set reasonable and appropriate standards for insurance prior authorization processes.

**Promote Clinically Appropriate Decision Making**

Too often, prior authorization determinations are not based on medical science and can undermine a physician's medical expertise. We commonly hear from rare disease patients who tell us that the people who review their prior authorization requests have no expertise on their condition or, perhaps even worse, don't know what their condition is. Given the complex nature of individual rare diseases, it is important that the appropriate medical experts are involved in reviewing prior authorization requests on behalf of an insurer. We support the section of the bill that allows health care providers the opportunity to request a clinical peer review of a prior authorization request from a qualified specialist.

**Ensure Timely Review of Prior Authorization Requests and Appeals**

Time is a precious commodity in the rare disease community because many individuals face progressive diseases with limited life expectancies. Navigating a rare disease diagnosis can require more than 6 years, on average, after symptoms begin.<sup>ii</sup> In many cases, once a patient is diagnosed, inefficient prior authorization processes can further delay their treatment. We support the provisions of this bill that would implement time-bound standards to ensure plans respond to prior authorization requests in a reasonable amount of time.

**Reduce Interruptions in Treatment Caused by Prior Authorization Requirements**

For rare disease patients, stability and continuity of care are paramount. Frequent reauthorizations can lead to interruptions in treatment, increased stress for patients, and irreversible disease progression.<sup>iii</sup> When authorizations are valid for longer periods of time, patients can focus on managing their health rather than navigating procedural hurdles. We appreciate the provisions in this bill that require prior authorizations for the treatment of chronic conditions remain valid for at least 12 months.

**Promote Transparency and Accountability**

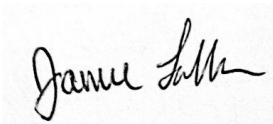
Requiring insurers to report prior authorization data and trends helps patients, advocates, and policymakers to identify patterns and potential disparities in access to care. This transparency allows us to better understand the challenges faced by rare disease patients and work towards more equitable and

effective policies. We support the provisions of this bill that require insurers to make key aggregate data and metrics publicly available.

Delays or lapses in care caused by unnecessary prior authorization requirements or inappropriate determinations can also yield catastrophic healthcare costs. The EveryLife Foundation's seminal 2022 study revealed the impact of rare disease to be nearly \$1 trillion dollars in 2019.<sup>ii</sup> A stunning 60% of those costs are absorbed by families and by society. In addition to direct medical expenses, indirect costs associated with rare diseases such as lost productivity, absenteeism and forced early retirement are a significant financial burden on the economy and on rare disease families and inappropriate use of prior authorization requirements only serve to add to these impacts.

It is important for insurance companies to facilitate timely and appropriate care for patients, including those with rare diseases. Please support SB 133.

Sincerely,



Jamie Sullivan  
Vice President of Policy  
EveryLife Foundation for Rare Diseases



Emily Stauffer  
Associate Director of State Policy  
EveryLife Foundation for Rare Diseases

CC:

Michael Pearlmuter, Chief Executive Officer, EveryLife Foundation for Rare Diseases  
Annie Kennedy, Chief of Policy, Advocacy and Patient Engagement, EveryLife Foundation for Rare Diseases  
Vicki Seyfert-Margolis, Chair, Board of Directors, EveryLife Foundation for Rare Diseases

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<sup>i</sup> *Fermaglich, Lewis J, and Kathleen L Miller. A Comprehensive Study of the Rare Diseases and Conditions Targeted By Orphan Drug Designations and Approvals Over the Forty Years of the Orphan Drug Act. " Orphanet journal of rare diseases vol. 18,1 163.*

<sup>ii</sup> *The National Economic Burden of Rare Disease Study, EveryLife Foundation for Rare Diseases, [www.everylifefoundation.org/burden-landing/](http://www.everylifefoundation.org/burden-landing/)*

<sup>iii</sup> In this recent national survey of physicians, almost half of the physicians reported that prior authorization policies led to urgent or emergency care for patients, and one-third of the physicians reported that prior authorization led to a serious adverse event for a patient in their care, including hospitalization, permanent impairment, or death. 2022 *AMA Prior Authorization (PA) Physician Survey, American Medical Association*

# Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 215-3305 (fax)

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March 20, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

RE: ASMA Support for Senate Bill 133 – Prior Authorization

Dear Senator Bjorkman:

On behalf of the Alaska State Medical Association (ASMA), I am writing to express our strong support for Senate Bill 133, which addresses prior authorization processes for medical care covered by health care insurers.

This legislation represents a significant step toward improving access to timely and necessary medical care for Alaskans. By streamlining prior authorization requests and incorporating an application programming interface, SB 133 reduces administrative burdens on healthcare providers and ensures that patients receive the care they need without unnecessary delays.

The provisions related to step therapy offer a balanced approach to treatment protocols, prioritizing patient health and safety while maintaining cost-effective care.

Additionally, the peer-to-peer review criteria will greatly reduce physician frustration with having to explain current standard of care to a physician reviewer who is often not familiar with the best practices in the provider's medical specialty.

ASMA believes that SB 133 aligns with our mission to advocate for policies that enhance the quality and accessibility of healthcare in Alaska. We urge the legislature to pass this bill and stand ready to provide any assistance or testimony needed to support its enactment.

Thank you for your leadership and commitment to the health and well-being of Alaskans.

Sincerely,

A handwritten signature in cursive script that reads "Pam Ventgen". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Pam Ventgen, Executive Director  
Alaska State Medical Association



April 3, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801

[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

Dear Senator Bjorkman and Senate Labor & Committee Members,

Thank you for the opportunity to express Alaska Regional Hospital's support for Senate Bill 133 and our gratitude for Senator Bjorkman's leadership and commitment to the healthcare of all Alaskans by the introduction of this legislation.

While we recognize the importance of the prior authorization process in reviewing and validating the appropriateness of medical interventions, we must also acknowledge that it often causes significant challenges to ensuring Alaskans have timely access to potentially lifesaving treatments, medications and procedures.

Alaska Regional Hospital exists to provide patients with healthier tomorrows and it is our mission to be committed to the care and improvement of human life. This has guided our organization for decades and it illustrates our dedication to ensuring that patients we serve have access to the treatments they need and the quality they deserve.

This is the basis for our strong support of Senate Bill 133. In addition, we recognize and appreciate the collaborative efforts of many stakeholders who have been working together to improve the prior authorization process to the benefit of all Alaskans.

Thank you, Senator Bjorkman, for sponsoring SB133. We are hopeful that this bill will be passed.

Sincerely,

Jennifer Opsut  
Chief Executive Officer



March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

## **RE: SB 133 – Reform to Step Therapy Protocols**

To the Alaska State Senate Labor & Commerce Committee:

On behalf of the Alliance for Gout Awareness, I am writing in support of SB 133. This legislation is necessary to ensure that patients living with gout in Alaska have timely access to clinician-prescribed treatments by providing clear guidelines around step therapy protocols.

### **About Gout and The Alliance for Gout Awareness**

Gout is a chronic form of inflammatory arthritis affecting more than 12 million Americans.<sup>1</sup> Gout occurs due to a buildup of uric acid in the body. When excess uric acid builds up in the body, it deposits around joints and can lead to swollen joints and sudden, intensely painful attacks that can be debilitating.<sup>2</sup> It is a chronic medical condition that, left untreated, can result in more frequent and painful attacks and joint damage.<sup>3</sup> It can also increase patients' risk for other severe medical conditions such as kidney disease, cardiovascular disease, diabetes, and stroke.<sup>4</sup>

The [Alliance for Gout Awareness](https://goutalliance.org) (AGA) aims to reduce stigma and empower patients by improving public understanding of gout. AGA collaborates with our network of member organizations to heighten public awareness, address common misconceptions, and encourage patients to acknowledge the disease's impact and seek appropriate treatment.

### **Step Therapy Protocols Can Harm Patients Living with Gout**

Insurers use a variety of approaches to manage their costs—often at the expense of gout patients' health.<sup>5</sup> Step therapy, also known as “fail first,” is an approach that requires patients to try and fail insurer-preferred medications before they can access the medication(s) prescribed by their provider. The insurer-preferred medications are often older therapies that are less expensive to the insurer. However, these may not offer relief to patients, and delays in accessing provider-prescribed medications may lead to more frequent and painful gout attacks, increased trips to the ER/Urgent Care, and increased health risks.<sup>6</sup> According to a 2022 survey conducted by the Alliance for Patient Access, 98% of physicians identify step therapy as a significant barrier to proper care for their patients.<sup>7</sup>

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<sup>1</sup> [Trends in Prevalence of Gout Among US Asian Adults, 2011-2018 | Rheumatology | JAMA Network Open | JAMA Network](https://www.rheumatology.com/journal/rheumatology/2018/12/18/trends-in-prevalence-of-gout-among-us-asian-adults-2011-2018)

<sup>2</sup> Alliance for Gout Awareness. What is Gout? <https://goutalliance.org/what-is-gout/>

<sup>3</sup> Alliance for Gout Awareness. When Gout Goes Untreated. <https://goutalliance.org/resources/when-gout-goes-untreated/>

<sup>4</sup> Arthritis Foundation Comorbid Conditions and Gout. <https://www.arthritis.org/health-wellness/about-arthritis/related-conditions/other-diseases/five-conditions-linked-with-gout>

<sup>5</sup> Alliance for Gout Awareness. A Roadmap to Better Care for Gout. <https://goutalliance.org/resources/a-roadmap-to-better-care-for-gout/>

<sup>6</sup> Alliance for Gout Awareness. Step Therapy & Gout. <https://goutalliance.org/resources/step-therapy-gout/>

<sup>7</sup> Alliance for Patient Access. Physician Burnout & Utilization Management Survey [https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA\\_Physician-Burnout-Utilization-Management\\_Tri-fold\\_DIGITAL\\_November-2024.pdf](https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA_Physician-Burnout-Utilization-Management_Tri-fold_DIGITAL_November-2024.pdf)

While gout is not curable, it is treatable when approached from a holistic view of managing acute gout flares and addressing the root cause of chronic gout. Gout is a systemic disease that requires providers to utilize therapies to relieve flare symptoms and decrease the amount of uric acid in the blood. In addition to the severe physical pain associated with gout attacks, the condition can affect a patient's social, emotional, and mental health and well-being, which can threaten the overall quality of life for patients.<sup>8</sup>

Treatment decisions should be determined by the patient and provider as opposed to by an insurer's step therapy protocols that can delay appropriate access to treatment and inhibit a patient-centered approach to care.

**SB 133 Supports Patient Access to Provider-Prescribed Treatment in Alaska**

SB 133 would support patient-centered gout care by reforming step therapy practices. The legislation requires insurers to enact transparent and efficient processes for patients and providers to request step therapy protocol exemptions. This legislation does not prohibit step therapy protocols or limit the number of steps required by an insurer but defines circumstances that would allow for exemptions. With these processes in place, patients living with gout in Alaska would be able to better access treatment prescribed by their provider in a timely and appropriate manner. As a result, patients are able to proactively and effectively manage their condition.

On behalf of the Alliance for Gout Awareness and our membership, thank you for your leadership on this important issue and for supporting patient access. If we can provide further details or answer any questions, please contact Kayla Roddey at [kroddey@allianceforpatientaccess.org](mailto:kroddey@allianceforpatientaccess.org).

Sincerely,

The Alliance for Gout Awareness & co-signing organizations:

Alliance for Patient Access  
American Kidney Fund  
Global Healthy Living Foundation  
Gout Education Society  
Gout Support Group of America  
HealthyWomen  
Infusion Access Foundation  
Lupus and Allied Diseases Association, Inc.  
National Infusion Center Association  
Rheumatology Nurses Society  
U.S. Pain Foundation

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<sup>8</sup> Alliance for Gout Awareness. The Journey Toward Disease Management: A National Survey of Gout Patients.  
<https://goutalliance.org/resources/the-journey-toward-disease-management-a-national-survey-of-gout-patients/>



**Alliance for  
Patient Access**

March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Senate Labor & Commerce  
State Capitol, 120 4<sup>th</sup> St.  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice-Chair Senate Labor & Commerce  
State Capitol, 120 4<sup>th</sup> St.  
Juneau, AK 99801

**Re: Support for SB 133 – Improving Step Therapy Protocols**

Dear Chair Bjorkman and Vice Chair Merrick:

On behalf of the Alliance for Patient Access (AfPA), I am writing in support of SB 133. This legislation will protect the clinician-patient relationship by providing clear guidelines on the use of step therapy, one of the most common health insurer utilization management tools.

Founded in 2006, AfPA is a national network of policy-minded health care providers who advocate for patient-centered care. AfPA supports health policies that reinforce clinical decision making, promote personalized care and protect the clinician-patient relationship. Motivated by these principles, AfPA members participate in clinician working groups, advocacy initiatives, stakeholder coalitions and the creation of educational materials.

Step therapy is a utilization management tool used by insurers to dictate a specific course of care, often to contain health care costs. Sometimes referred to as “fail first,” step therapy protocols require patients to try and fail on one or more medications that are typically lower cost, before the patient can access the medication prescribed by their health care provider. This leads to delays in accessing treatment and can prevent patients from getting the medications prescribed to them. Delays in care produce more negative health outcomes and an increased burden on both patients and clinicians. You can learn more about step therapy best practices that respect the clinician-patient relationship in AfPA’s step therapy [position paper](#).

SB 133 would improve patient access through the establishment of a clear and accessible process ensuring patients and providers can understand how to secure an exemption from the formulary step requirements. Importantly, the legislation would require exception requests (to override the step protocol) to be granted in a timely manner when the formulary-preferred medicine: (1) is contraindicated, (2) is expected to be ineffectual based on a specific patient, (3) is not in the best interest of the patient based on medical necessity, (4) has already been tried and found ineffective, or (5) when the patient is stable on another medicine.

The bill would also require step therapy protocols be based on clinical review criteria and practice guidelines developed by a multi-disciplinary panel of experts. Step therapy rooted in clinical guidelines would still be permitted - the bill does not prevent insurance companies from using step therapy, nor does it limit the number of steps required by the insurer. However, by requiring clinically based requirements and a clear, timely exception process, this legislation would reduce the burden on patients and providers and support a patient-centered system of care.

*Alliance for Patient Access  
2020 K St. NW | Suite 505  
Washington, DC 20006*



A recent American Journal of Managed Care study including over 500 physicians based across the country found that 79% reported step therapy as a major or significant barrier to clinical and patient care.<sup>1</sup> More than half (52%) of the physicians reported spending between 6 to 21 hours per week on paperwork related to health insurance utilization management, 67% had experienced burnout at some point in their career, and 64% indicated that utilization management practices such as step therapy had been a contributing factor to burnout. Finally, 73% of physicians favored requiring step therapy to be based on science. These findings indicate that utilization management practices such as step therapy have a significant detrimental impact on physicians and the patients they care for.

On behalf of Alaska patients and the Alliance for Patient Access, we urge your support for SB 133 to ensure patients can have timely access to the treatments they need.

Sincerely,

A handwritten signature in cursive script that reads "Josie Cooper".

Josie Cooper  
Executive Director  
Alliance for Patient Access

**Cc:**

Sen. Elvi Gray-Jackson  
Sen. Forrest Dunbar  
Sen. Robert Yundt

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<sup>1</sup> <https://doi.org/10.37765/ajmc.2024.89626>



# Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

☎ 907.729.7510 📠 907.729.7506 • 4000 Ambassador Drive (ANHB Office) • Anchorage, Alaska 99508 • [www.anhb.org](http://www.anhb.org)

March 26, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

RE: Support for Senate Bill 133 – Prior Authorization

Dear Chair Bjorkman and Committee Members,

The Alaska Native Health Board (ANHB)<sup>1</sup> writes to express our support for SB 133 Prior Authorization. The prior authorization is a review process commonly used by insurers that essentially requires healthcare providers to obtain express authorization to provide a specific treatment or procedure for their patients. While prior authorization can be useful for reviewing the appropriateness of medical care, it can also cause significant delays in necessary, urgent patient treatment.

Across the Alaska Tribal Health System, the current prior authorization process serves as an administrative challenge to our ability to provide needed health care services and medications in a timely and efficient manner. To preserve limited health care resources for direct patient care, it's critical that we work together to improve the existing prior approval process through a collaborative and coordinated effort. SB 133 is a product of this effort, representing a significant step in strengthening our care delivery system and the health of the patients we serve.

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state.

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<sup>1</sup> ANHB was established in 1968 to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of Tribal health programs that serve all 229 Tribes and over 234,000 Alaska Native and American Indian people throughout the state. As the statewide Tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal programs to achieve effective consultation and communication with state and federal agencies on matters of concern.

ALASKA NATIVE TRIBAL  
HEALTH CONSORTIUM

ALEUTIAN PRIBILOF  
ISLANDS ASSOCIATION

ARCTIC SLOPE  
NATIVE ASSOCIATION

BRISTOL BAY AREA  
HEALTH CORPORATION

CHICKALOON VILLAGE  
TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER  
NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN  
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA  
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN  
INDIAN COMMUNITY

KODIAK AREA  
NATIVE ASSOCIATION

MANIILAQ ASSOCIATION

METLAKATLA INDIAN  
COMMUNITY

MT. SANFORD  
TRIBAL CONSORTIUM

NATIVE VILLAGE  
OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE  
OF TYONEK

NINILCHIK  
TRADITIONAL COUNCIL

NORTON SOUND  
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL  
FOUNDATION

SOUTHEAST ALASKA REGIONAL  
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM  
HEALTH CORPORATION

VALDEZ NATIVE TRIBE

We urge the Legislature to advance SB 133. Thank you for your leadership and commitment to the well-being of all of Alaska. If you have any comments or questions regarding our recommendations in this letter, please contact ANHB at [anhb@anhb.org](mailto:anhb@anhb.org) or via telephone (907) 729-7510.

Sincerely,

A handwritten signature in black ink, appearing to read "W F Smith". The signature is fluid and cursive, with the first name "W" and last name "Smith" being the most legible parts.

Chief William F. Smith, Chairman  
Alaska Native Health Board



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4951 Business Park Blvd. • Anchorage, AK, 99503 • (907) 743-7200 • [anhc.org](http://anhc.org)

March 25, 2025

Senator Jesse Bjorkman, Chair

Senate Labor & Commerce Committee

State Capitol Room 105

Juneau AK, 99801

[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: Anchorage Neighborhood Health Center Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

Anchorage Neighborhood Health Center (ANHC) is a federally qualified health center (FQHC) serving more than 15,000 Alaskans each year, many of whom are uninsured, underinsured, or managing complex, chronic health conditions. We provide comprehensive medical, dental, and behavioral health care with a focus on access and prevention. ANHC supports Senate Bill 133 because it offers practical, much-needed updates to the prior authorization process that will directly benefit our patients and care teams.

Our providers frequently encounter delays due to prior authorization requirements, which can postpone essential treatments or medications—particularly for chronic conditions like diabetes, mental health disorders, and cardiovascular disease. These delays create administrative burdens, disrupt continuity of care, and can negatively affect patient outcomes. One of our patients, a middle-aged man living with severe depression and anxiety, faced a nearly two-week delay in accessing a new medication after his current treatment stopped working. During that wait, his condition worsened, and he experienced a mental health crisis that led to an emergency room visit. Although our care team acted quickly, the prior authorization process slowed his access to the care he urgently needed. Situations like this are not uncommon—and they're avoidable. SB 133 strikes a thoughtful balance by streamlining these processes while maintaining safeguards, and we appreciate the collaborative effort to find common ground with insurers.



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4951 Business Park Blvd. • Anchorage, AK, 99503 • (907) 743-7200 • [anhc.org](http://anhc.org)

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa D.H. Aquino".

Lisa D.H. Aquino, MHS  
ANHC Chief Executive Officer

A handwritten signature in black ink, appearing to read "Casey Gokey, MD".

Dr. Casey Gokey  
ANHC Chief Medical Officer



April 3, 2025

Senator Donny Olson, Co-Chair  
Senate Finance Committee  
State Capitol Room 508  
Juneau, AK 99801

RE: ANTHC Support of Senate Bill 133

Co-Chair Olson,

On behalf of the Alaska Native Tribal Health Consortium (ANTHC), I write in support of Senate Bill (SB) 133.

ANTHC is a statewide Tribal health organization serving all 229 tribes and all Alaska Native and American Indian (AN/AI) people in Alaska. ANTHC provides a wide range of statewide public health, community health, environmental health, and other programs and services for Alaska Native people and their communities. ANTHC and Southcentral Foundation operate programs at the Alaska Native Medical Center (ANMC), the statewide tertiary care hospital for all AN/AI people in Alaska, under the terms of Public Law 105-83.

At ANMC and across the Alaska Tribal Health System, the current prior authorization process serves as an administrative challenge to our ability to provide needed health care services and medications in a timely and efficient manner. To preserve limited health care resources for direct patient care, it's critical that we work together to improve the existing prior approval process through a collaborative and coordinated effort. SB 133 is a product of this effort, representing a significant step in strengthening our care delivery system and the health of the patients we serve.

Thank you for your leadership in sponsoring SB 133 and appreciate the opportunity to provide written support of this important legislation. Please do not hesitate to contact me at [mmartin@anthc.org](mailto:mmartin@anthc.org) or 907-444-8808 with any questions or if additional information can be provided.

Sincerely,

A handwritten signature in black ink that reads "Monique R. Martin". The signature is written in a cursive, flowing style.

Monique R. Martin, Vice President  
Intergovernmental Affairs

**Alaska Native Tribal Health Consortium**  
4000 Ambassador Drive, Anchorage, Alaska 99508  
Main: (907) 729-1900 | Fax: (907) 729-1901 | [anthc.org](http://anthc.org)

March 17, 2025

The Honorable Jesse Bjorkman  
Chairman, Senate Labor and Commerce Committee  
Alaska State Legislature  
Capitol Building, Room 427  
Juneau, Alaska 99801

**Subject: Support for Senate Bill 133 – Prior Authorization**

Dear Chairman Bjorkman,

I am writing to you on behalf of Central Peninsula Hospital to express our strong support for Senate Bill 133, which aims to improve the prior authorization process.

Central Peninsula Hospital is committed to providing high-quality, efficient care to our community. However, the current prior authorization process often creates unnecessary delays and administrative burdens for our patients. Senate Bill 133's provisions, such as the establishment of clear timelines for responses, the requirement for transparent and evidence-based standards, and implementation of a prior authorization application programming interface, will streamline the process and enhance patient access to timely care.

This legislation makes prior authorization standards that ensures transparency, establishes a process for health care providers to request a clinical peer review of a prior authorization request, ensures that clinical expertise is considered in the decision-making process, mandates that prior authorizations for chronic conditions are valid for a minimum of 12 months and reduces the administrative burden associated with ongoing care. These are all positive improvements over today's prior authorization process!

We believe this legislation will have a positive impact on the delivery of care in Alaska, and we urge you hear and move this legislation as quickly as possible. Thank you for your leadership on this important issue.

Sincerely,



Shaun Keef  
CEO  
Central Peninsula Hospital



April 10, 2025

**RE: Support for SB 133 & HB 144 – Reforming Prior Authorization in Alaska**

Senate Labor & Commerce Committee and Members of the 34<sup>th</sup> Legislature,

The Greater Fairbanks Chamber of Commerce strongly supports Senate Bill 133 and companion legislation, House Bill 144, which aims to modernize and streamline the prior authorization process in Alaska's healthcare system.

Our members, who include healthcare providers, businesses, and employees who rely on timely access to medical care, have shared ongoing concerns about the delays, confusion, and administrative burden associated with the current prior authorization requirements. SB 133 & HB 144 address these concerns through a thoughtful and collaborative approach developed by stakeholders across the healthcare spectrum. It also reflects a bipartisan, solution-oriented approach to improving healthcare in Alaska.

We support SB 133 because it:

- Establishes reasonable timelines for insurers to respond to prior authorization requests, reducing treatment delays and improving patient outcomes.
- Leverages secure digital tools, like online portals, to streamline submissions and protect patient information.
- Protects Alaska's most vulnerable patients, especially those with chronic conditions and those facing Stage 4 advanced metastatic cancer, by ensuring timely access to necessary treatments.
- Empowers the Division of Insurance to track key metrics and enforce compliance, bringing greater oversight and transparency to the system.

SB 133 and HB 144 not only creates a transparent and standardized process for prior authorization that is easy to understand, but also balances support for providers, patients, insurers, and regulators. It improves communication between insurers and providers, ensuring clarity and accountability when determinations are made, or process changes

**EXECUTIVE PARTNERS**

**DIAMOND**

Costco Wholesale  
Denali State Bank  
GCI  
Mt. McKinley Bank

**PLATINUM**

ConocoPhillips Alaska  
Doyon, Limited  
Foundation Health Partners  
Golden Heart Utilities  
Harvest Midstream  
Weidner Apartment Homes

**GOLD**

Alaska Airlines  
Contango Ore Inc.  
Design Alaska  
Doyon Utilities LLC  
First National Bank Alaska  
Holland America Group / Princess Cruise  
Kinross Fort Knox  
Matson  
Northern Star Resources Limited  
TDL Staffing Inc.  
TOTE Maritime Alaska  
University of Alaska Fairbanks  
Usibelli Coal Mine  
Wal-Mart

**SILVER**

Ahtna Incorporated  
Alaska Railroad  
AT&T  
Everts Air Cargo, Everts Air AK  
Exclusive Paving/University Redi-Mix  
FNSB Riverside Division  
Free Gold  
Full Tilt Mechanical & Construction  
Gene's Chrysler Dodge Jeep RAM  
GHEMM Company, LLC.  
Global Credit Union  
Golden Valley Electric Association  
Interior Gas Utility  
JL Properties, Inc.  
LifeMed Alaska  
Lynden  
MAC Federal Credit Union  
McDonald's of Fairbanks  
Northrim Bank  
Robinson & Ward PC  
Santos, Ltd.  
Sourdough Fuel/Petro Star  
Spirit of Alaska Federal Credit Union  
Stewart Title Company – Yukon Division  
Tower Hill Mines-Livengood Gold Project  
Vivamore Companies  
6.5.2024



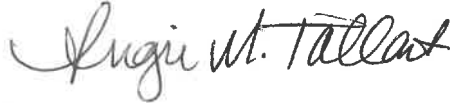
occur. It also aligns with the Chamber's goals of supporting policies that enhance our community's quality of life and workforce productivity.

We thank the Legislature for their leadership on this important issue and respectfully urge the passage of these reforms to prior authorization during this session.

Sincerely,



Donald Burgess  
President & CEO



Angie Tallant  
Board Chair

**CC:**

Office of Governor Mike Dunleavy  
Office of U.S. Senator Lisa Murkowski  
Office of U.S. Senator Dan Sullivan  
Office of U.S. Representative Nick Begich  
Heidi Hedberg, Commissioner, Alaska Department of Health  
Grier Hopkins, Mayor, Fairbanks North Star Borough  
David Pruhs, Mayor, City of Fairbanks  
Larry Terch, Mayor, City of North Pole  
Members of the 34<sup>th</sup> Legislature  
Kati Capozzi, President & CEO, Alaska Chamber  
Members of the Greater Fairbanks Chamber of Commerce



FOUNDATION

**HEALTH PARTNERS**

(907) 458-5300 Phone  
(907) 458-5324 Fax  
[www.foundationhealth.org](http://www.foundationhealth.org)  
1650 Cowles Street  
Fairbanks, AK 99701

March 28, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau, AK 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

Re: Support for SB 133 – Prior Authorizations

Dear Chairman Bjorkman and Committee Members,

Foundation Health Partners (FHP) is a wholly owned subsidiary of The Greater Fairbanks Community Hospital Foundation operating Fairbanks Memorial Hospital, Denali Center, and Tanana Valley Clinic. As a healthcare system dedicated to providing a full continuum of health care services to Interior and Northern Alaska residents, FHP recognizes the urgent need to reform prior authorization processes to improve patient care and alleviate administrative burdens on providers.

Prior authorization, while intended to ensure the appropriateness of medical treatments, has become a significant barrier to timely patient care. Hospitals and healthcare providers across the state, including those under FHP, continually face delays caused by inefficient and inconsistent prior authorization requirements. These delays can lead to negative health outcomes, particularly for patients requiring urgent or ongoing treatment.

FHP's patients, families, and neighbors have countless stories about how the current prior authorization system has caused delays and failures in communication. SB 133 introduces much-needed reforms that will benefit both healthcare providers and the patients we serve by reducing delays in patient care, enhancing transparency and efficiency, protecting patients with chronic and advanced conditions, and establishing clear exceptions for step therapy.

These reforms will enable FHP and other healthcare providers to focus on what matters most—delivering high-quality, timely care to our patients. By addressing the inefficiencies and inconsistencies that have long plagued prior authorization, SB 133 ensures that Alaska's hospitals can operate more effectively and improve health outcomes statewide.

Foundation Health Partners is proud to support this collaborative, stakeholder-driven reform and urges the committee to advance SB 133 for the benefit of all Alaskans. Thank you for your commitment to improving healthcare access and efficiency in our state.

Sincerely,

A handwritten signature in blue ink, reading "Shelley D. Ebnal". The signature is fluid and cursive, with the first name "Shelley" being more prominent and the last name "Ebnal" following in a similar style.

Shelley D. Ebnal  
Chief Executive Officer  
Foundation Health Partners

March 26, 2025

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: Mat-Su Regional Medical Center Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

Mat-Su Regional Medical Center is 125 bed hospital located in Palmer, AK. We are the sole community hospital serving the Mat-Su Borough since 2006. Mat-Su Regional Medical Center supports SB 133.

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. We continuously have a queue of patients awaiting services because of the long arduous wait it takes them to get prior authorization. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,

James M. Bunch  
Interim CEO/COO



March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

RE: SB 133 – Step Therapy Protocol Reform

To the Alaska State Senate Labor & Commerce Committee:

On behalf of the Movement Disorders Policy Coalition, I am writing in support of SB 133. This legislation is critical in ensuring patients – including those with movement disorders – can access the therapies their health care provider prescribes, in a timely and appropriate manner, by providing clear exemptions and approval timelines when step therapy is required.

The [Movement Disorders Policy Coalition](#) (MDPC) serves as a platform from which stakeholders, including health care providers and patients, can provide input on policy decisions impacting patient-centered care for those living with movement disorders. As a coalition of stakeholder groups across the movement disorders space, MDPC advocates at the federal, state, and health plan levels for key health reforms that increase access to personalized care for patients with movement disorders including Parkinson’s disease, essential tremor, tardive dyskinesia, Tourette Syndrome, dystonia, ataxia and Huntington’s disease.

Step therapy is a utilization management tool used by health insurance plans to contain health care costs. Sometimes called “fail first,” step therapy protocols require a patient to try and fail one or more medications, often at lower cost to the insurer, before he or she can access the medication prescribed by their healthcare provider. According to a 2022 survey conducted by the Alliance for Patient Access (AfPA), 98% of physicians identify step therapy as a significant barrier.<sup>1</sup> These step therapy protocols interfere with the physician-patient relationship, delaying accessing appropriate care, and in turn leading to increased burden on both patients and their health care providers.

People living with movement disorders manage complex conditions and treatment regimens, and already experience significant challenges in everyday life. Timely and effective therapy is paramount to ensuring these patients can successfully manage their disease and have quality of life. Therefore, treatment decisions for these patients should be considered on an individual basis, based on the patient’s health care status and clinician’s expertise, rather than based on insurer step therapy protocols. Patients with movement disorders need direct, continuous access to the medications that have been demonstrated to treat both the physical and mental health symptoms of their condition.

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<sup>1</sup> Alliance for Patient Access. Physician Burnout & Utilization Management Survey  
[https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA\\_Physician-Burnout-Utilization-Management\\_Tri-fold\\_DIGITAL\\_November-2024.pdf](https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA_Physician-Burnout-Utilization-Management_Tri-fold_DIGITAL_November-2024.pdf)



The course of care prescribed by physicians and other healthcare providers is the foundation of patient-centric care. When health care plans interfere with that process and limit the course of treatment, it jeopardizes the patient's overall health.

SB 133 would improve patient access by requiring insurance companies to establish a clear and convenient process for patients and providers to request exceptions from step therapy protocols. While the bill does not prohibit the use of step therapy or limit the number of steps that an insurer can require, it does outline specific instances where an exception to step therapy protocols would be granted. Clear guidelines, improved accessibility, and more efficient response times to step therapy appeals will aid in improving access to medications and protecting the provider-patient relationship that is critical to successful care.

On behalf of the Movement Disorders Policy Coalition and our membership, we ask that you support SB 133 and thank you for your leadership on this important issue. If we can provide further details or answer any questions, please reach out to Josie Cooper at

[jcooper@allianceforpatientaccess.org](mailto:jcooper@allianceforpatientaccess.org).

Sincerely,

Josie Cooper  
Movement Disorders Policy Coalition

**Co-Signing Organizations:**

Aimed Alliance  
Alliance for Patient Access  
Caregiver Action Network  
Clinical Neurological Society of America  
Depression and Bipolar Support Alliance  
Dystonia Medical Research Foundation  
Hawai'i Parkinson Association  
HD Reach  
Huntington's Disease Society of America  
National Ataxia Foundation  
National Organization for Tardive Dyskinesia  
Parkinson & Movement Disorder Alliance  
Parkinson's Foundation  
The Michael J. Fox Foundation for Parkinson's Research



**March 26, 2025**

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

RE: PeaceHealth Ketchikan Medical Center Supports Senate Bill 133 – Prior Authorization

Dear Chair Bjorkman and Committee Members,

PeaceHealth Ketchikan Medical Center is the sole hospital in Ketchikan and serves as a medical hub for the surrounding islands. We are a 25-bed critical access hospital and a level IV trauma center. We employ approximately 500 community members and are the largest private employer on the island. PeaceHealth Ketchikan Medical Center supports SB 133.

Recently, we ran into an issue with delays in prior authorizations for planned cesarian sections. There are many instances, such as a c-section, when a procedure may be both planned and urgent, needing quick authorizations. We also care for residents of surrounding islands. Many travel to Ketchikan for medical procedures. Occasionally, those procedures are delayed because prior authorizations have not come through making the patient have to decide if they stay and wait or spend additional money and time to travel back to Ketchikan. This negatively impacts our rural communities as well as our urban hubs, and this bill works toward addresses those real challenges.

SB 133 is important because it brings much needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation, are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,

Sarah Cook  
Chief Administrative Officer  
PeaceHealth Ketchikan Medical Center



**Petersburg**  
MEDICAL CENTER

PO Box 589  
103 Fram Street  
Petersburg, AK 99833  
907-772-4291  
[www.pmcak.org](http://www.pmcak.org)

**Date: 3/21/2025**

Senator Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
State Capitol Room 105  
Juneau AK, 99801  
[Senate.Labor.And.Commerce@akleg.gov](mailto:Senate.Labor.And.Commerce@akleg.gov)

**RE: Petersburg Medical Center Supports Senate Bill 133 – Prior Authorization**

Dear Chair Bjorkman and Committee Members,

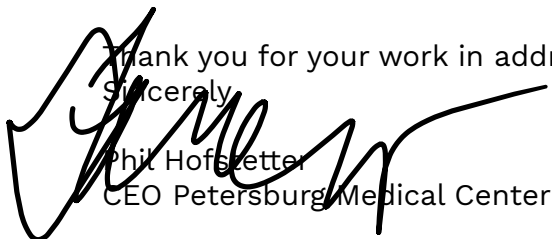
Petersburg Medical Center is a Critical Access Hospital, Primary Care, Outpatient, Home Health and Long-Term Care facility serving the Borough of Petersburg, Alaska. We are a lifeline for our rural community, ensuring access to essential healthcare services for residents who might otherwise have to travel long distances for care. Petersburg Medical Center supports SB 133.

Our experience with prior authorization has shown, often and repeated, unnecessary delays in approvals that result in patients going without needed treatments and access to care. This leads to worsened health outcomes, unnecessary administrative burden(s) and can increased emergency care visits or inpatient admissions. Streamlining this process is crucial, especially in rural areas like ours, where access to specialists and alternative care options are already limited. Prior authorization reform will help us provide more efficient and timely care to our patients, reducing unnecessary burdens on both providers and patients alike.

SB 133 is important because it brings much-needed reforms to the prior authorization process that will help patients. Speeding up turnaround time for prior authorization decisions, providing long-term prior authorization for treatment of chronic conditions, prohibiting restrictions on key therapies for advanced cancer, requiring an exception process to step therapy, increasing transparency and accountability, and prioritizing automation are all positive steps for improving access to timely, quality care in our state. Please pass SB 133.

Thank you for your work in addressing healthcare challenges for Alaska.

Sincerely,



Phil Hofszetter  
CEO Petersburg Medical Center



March 25, 2025

Senator Jesse Bjorkman  
Chair, Senate Labor & Commerce  
Alaska State Legislature  
State Capitol Room 427  
Juneau, AK 99801

**RE: Premera Supports Senate Bill 133 – Prior Authorization**

Chair Bjorkman and Committee Members:

Thank you for sponsoring SB 133, Prior Authorization. Premera Blue Cross Blue Shield of Alaska engaged extensively in the efforts to negotiate a workable bill on this topic, and we commend SB 133 to you.

At Premera, we feel that efforts to promote the affordability of our products are key to continuing to be able to provide care for our customers. This is because affordability has become the highest bar a person must clear, in order to gain access to health insurance and health care services.

Prior authorization is a key component of affordability, in that it helps carriers verify that their members are getting the right care, at the right time, in the right setting and at the right price. It is well-publicized that some carriers have been exceedingly aggressive in this space, using prior authorization in as much as 20 percent of all claims. At Premera the number is about 2 percent. So we wanted to be sure that the compromise in front of you maintained the ability of health plans to use prior authorization, but with some reasonable sideboards as well as incentives that will help plans modernize and improve their prior authorization systems so that these systems optimally serve providers, patients and plans alike.

Our vision is that most prior authorizations will be approved instantaneously – improving the care for our members as well as their experience. However, this is impossible if the prior authorization request is initiated with a fax. We think this bill will help incentivize the adoption of electronic prior authorizations by providers, and for those providers that cling to their fax machines, we trust that eventually the improvements in the prior authorization system performance will be impossible to resist.

We would never suggest that HB 133 is perfect, but we commend it to you as it represents a set of reasonable compromises made by all parties.

We would also commend the process by which this legislation was crafted: considerable work among stakeholders involving lots of back and forth; give and take. There are too many controversial proposals of which this can't be said, so it is particularly deserving to be called out here.

Thank you once again, Senator Bjorkman, for sponsoring SB 133, and we urge its adoption.

Sincerely,



Gary B. Strannigan  
Vice President  
Congressional/Legislative Affairs



March 25, 2025

Senate Labor and Commerce Committee

Re: Senate Bill 133, Insurance, Prior Authorization

Dear Chair Bjorkman, and members of the Senate Labor and Commerce Committee,

The Alaska Chamber (the Chamber) writes in support of Senate Bill 133, an Act relating to prior authorization requests for medical care covered by a health care insurer; relating to a prior authorization application programming interface; relating to step therapy; and providing for an effective date.

The Alaska Chamber is the state's largest statewide business advocacy organization. Our mission is to promote a healthy business environment in Alaska. The Chamber has more than 700 members and represents businesses of all sizes and industries from across the state, representing 58,000 Alaskan workers and \$4.6 billion in wages.

The Alaska Chamber has a formal policy position to support a compromise for prior authorization reforms. The Chamber recognizes that members and health plans continue to face a challenging environment administering health care utilization. Prior authorization (PA) is a critical tool for preventing waste, fraud, and abuse. Government-run programs increasingly use PA to control costs.

Over the last year, stakeholders worked collaboratively with hospitals, insurers, and regulators to develop practical solutions to Alaska's prior authorization challenges. This effort led to SB133, a reform bill aimed at improving patient care by streamlining the prior authorization process. Some of the key provisions include faster decision turnaround times (down to 72 hours), long-term approvals for chronic condition treatments, automatic approvals for critical cancer therapies, and a clear step therapy exception process.

Supported by hospitals, physicians, and major insurers, SB133 promotes automation, transparency, and accountability in prior authorization procedures. The Chamber supports this compromise that preserves the protections of PA but facilitates health plans and providers working together to more effectively serve Chamber members and their employees.

In closing, the Chamber supports SB133, and we appreciate the consideration of the Chamber's comments.

Sincerely,

A handwritten signature in black ink that reads 'Kati Capozzi'.

Kati Capozzi  
President and CEO



2550 Denali Street, Suite 530  
Anchorage, AK 99503



Office (907) 278-2722



[www.alaskachamber.com](http://www.alaskachamber.com)  
[info@alaskachamber.com](mailto:info@alaskachamber.com)



March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

**RE: SB 133 – Step Therapy Reform**

To the Alaska State Senate Labor & Commerce Committee:

On behalf of the Vision Health Advocacy Coalition, I am writing to support SB 133. This legislation would protect Alaska residents' access to treatment by establishing a transparent and time-appropriate step therapy process. The proposed bill would support better access to medically appropriate treatments for patients with vision conditions.

The [Vision Health Advocacy Coalition](https://www.visionhealthadvocacy.org/) (VHAC) promotes patient-centered policies that make life-changing treatments, services, and devices more accessible for people with vision conditions such as thyroid eye disease, glaucoma, Sjögren's, dry eye, macular degeneration, and diabetic retinopathy. Through our network of member organizations, VHAC encourages the advancement of ocular science and innovation, educates patients, healthcare providers, and policymakers about access challenges, promotes better vision care delivery, and advocates for access to prevention and appropriate treatment for all patients.

**Inappropriate Step Therapy Protocols in Alaska Can be Dangerous for Vision Patients**

Step therapy is a tactic used by health insurance plans to contain costs by requiring patients to try and fail one or more medications before accessing the medication prescribed by their clinician. This practice, sometimes called “fail first,” often prioritizes insurer cost savings over an individualized care approach and access to clinician-prescribed care. Step therapy is especially burdensome to vision patients, who are required to simultaneously manage their complex condition(s) and treatment regimens while also attempting to navigate the complexities of the health care system. They can be especially burdensome to those with severe vision impairment as they are more likely also to have type 2 diabetes, depression, stroke, hearing loss, and chronic kidney disease.<sup>1</sup>

In Alaska, it has been found that more than 2% of people have reported blindness or severe difficulty seeing, even with glasses.<sup>2</sup> Unnecessary challenges placed on Alaska residents to access medically appropriate treatment for their vision condition(s) can lead to further vision damage and irreversible vision loss and further exacerbate their overall health. Interference and limitations on the part of health plans in this process put the patient's overall health at risk.

---

<sup>1</sup> “Looking Ahead: Improving Our Vision for the Future.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 7 Nov. 2022, <https://www.cdc.gov/visionhealth/resources/infographics/future.html>.

<sup>2</sup> U.S. Census Bureau, 2012–2016 American Community Survey 5-Year Estimates, self-report, crude prevalence, all ages.

### **Patient-Centric Care for Vision Patients in Alaska is Essential**

Step therapy protocols interfere with access to appropriate care and significantly impact the core foundation of a patient-provider relationship. According to a 2022 survey conducted by the Alliance for Patient Access, 98% of physicians identify step therapy as a significant barrier to proper care for their patients.<sup>3</sup> Treatment decisions for vision patients should be based on the health care provider's expertise on the unique challenges of their patients, as opposed to a one-size-fits-all insurer-driven step therapy protocol. Vision patients require uninterrupted access to appropriate clinician-prescribed treatment(s) proven to manage their vision condition and to ensure quality of life and effective condition management.

### **SB 133 Protects Alaska Residents Against Unnecessary Step Therapy Protocols**

SB 133 would require the insurer to implement comprehensive guidelines, including an exemption process and a clear, timely response requirement for insurers to respond to these exemption requests. Establishing and implementing a more streamlined process will benefit all Alaska residents. Importantly, while this bill streamlines the step therapy process, it does not prohibit step therapy or the number of steps an insurer can require.

It is estimated that by 2050, without adequate interventions, vision impairment and blindness will increase by 150%. The overall cost of vision problems will increase by 157% to \$373 billion.<sup>4</sup> Legislation to protect vision patients and ensure appropriate access to care is imperative to improve overall vision health and lower future costs to the system. We urge you to support this legislation to protect Alaska residents with vision conditions.

On behalf of the Vision Health Advocacy Coalition and our membership, we urge your support for SB 133 to protect patients with vision conditions. If we can provide further details or answer any questions, please get in touch with Olivia Perry [operry@allianceforpatientaccess.org](mailto:operry@allianceforpatientaccess.org).

Sincerely,

*Olivia Perry*

Olivia Perry  
Coalition Director  
Vision Health Advocacy Coalition

### **Co-Signing Organizations:**

Alliance for Patient Access  
American Macular Degeneration Foundation  
Endocrine Nurses Society  
Future Leaders In Sight  
Infusion Access Foundation

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<sup>3</sup> Alliance for Patient Access. Physician Burnout & Utilization Management Survey [https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA\\_Physician-Burnout-Utilization-Management\\_Tri-fold\\_DIGITAL\\_November-2024.pdf](https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA_Physician-Burnout-Utilization-Management_Tri-fold_DIGITAL_November-2024.pdf)

<sup>4</sup> "Looking Ahead: Improving Our Vision for the Future." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 7 Nov. 2022, <https://www.cdc.gov/visionhealth/resources/infographics/future.html>.

Lupus and Allied Diseases Association, Inc.  
National Alliance for Eye and Vision Research  
Prevent Blindness  
Sjögren's Foundation, Inc.  
TED Community Organization  
U.S. Pain Foundation



March 25, 2025

Senate Labor and Commerce Committee

Re: Senate Bill 133, Insurance, Prior Authorization

Dear Chair Bjorkman, and members of the Senate Labor and Commerce Committee,

The Alaska Chamber (the Chamber) writes in support of Senate Bill 133, an Act relating to prior authorization requests for medical care covered by a health care insurer; relating to a prior authorization application programming interface; relating to step therapy; and providing for an effective date.

The Alaska Chamber is the state's largest statewide business advocacy organization. Our mission is to promote a healthy business environment in Alaska. The Chamber has more than 700 members and represents businesses of all sizes and industries from across the state, representing 58,000 Alaskan workers and \$4.6 billion in wages.

The Alaska Chamber has a formal policy position to support a compromise for prior authorization reforms. The Chamber recognizes that members and health plans continue to face a challenging environment administering health care utilization. Prior authorization (PA) is a critical tool for preventing waste, fraud, and abuse. Government-run programs increasingly use PA to control costs.

Over the last year, stakeholders worked collaboratively with hospitals, insurers, and regulators to develop practical solutions to Alaska's prior authorization challenges. This effort led to SB133, a reform bill aimed at improving patient care by streamlining the prior authorization process. Some of the key provisions include faster decision turnaround times (down to 72 hours), long-term approvals for chronic condition treatments, automatic approvals for critical cancer therapies, and a clear step therapy exception process.

Supported by hospitals, physicians, and major insurers, SB133 promotes automation, transparency, and accountability in prior authorization procedures. The Chamber supports this compromise that preserves the protections of PA but facilitates health plans and providers working together to more effectively serve Chamber members and their employees.

In closing, the Chamber supports SB133, and we appreciate the consideration of the Chamber's comments.

Sincerely,

A handwritten signature in black ink that reads 'Kati Capozzi'.

Kati Capozzi  
President and CEO



2550 Denali Street, Suite 530  
Anchorage, AK 99503



Office (907) 278-2722



[www.alaskachamber.com](http://www.alaskachamber.com)  
[info@alaskachamber.com](mailto:info@alaskachamber.com)



March 25, 2025

The Honorable Jesse Bjorkman  
Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

The Honorable Kelly Merrick  
Vice Chair, Labor & Commerce Committee  
120 4th Street  
Juneau, AK 99801

**RE: SB 133 – Step Therapy Reform**

To the Alaska State Senate Labor & Commerce Committee:

On behalf of the Vision Health Advocacy Coalition, I am writing to support SB 133. This legislation would protect Alaska residents' access to treatment by establishing a transparent and time-appropriate step therapy process. The proposed bill would support better access to medically appropriate treatments for patients with vision conditions.

The [Vision Health Advocacy Coalition](https://www.visionhealthadvocacy.org/) (VHAC) promotes patient-centered policies that make life-changing treatments, services, and devices more accessible for people with vision conditions such as thyroid eye disease, glaucoma, Sjögren's, dry eye, macular degeneration, and diabetic retinopathy. Through our network of member organizations, VHAC encourages the advancement of ocular science and innovation, educates patients, healthcare providers, and policymakers about access challenges, promotes better vision care delivery, and advocates for access to prevention and appropriate treatment for all patients.

**Inappropriate Step Therapy Protocols in Alaska Can be Dangerous for Vision Patients**

Step therapy is a tactic used by health insurance plans to contain costs by requiring patients to try and fail one or more medications before accessing the medication prescribed by their clinician. This practice, sometimes called “fail first,” often prioritizes insurer cost savings over an individualized care approach and access to clinician-prescribed care. Step therapy is especially burdensome to vision patients, who are required to simultaneously manage their complex condition(s) and treatment regimens while also attempting to navigate the complexities of the health care system. They can be especially burdensome to those with severe vision impairment as they are more likely also to have type 2 diabetes, depression, stroke, hearing loss, and chronic kidney disease.<sup>1</sup>

In Alaska, it has been found that more than 2% of people have reported blindness or severe difficulty seeing, even with glasses.<sup>2</sup> Unnecessary challenges placed on Alaska residents to access medically appropriate treatment for their vision condition(s) can lead to further vision damage and irreversible vision loss and further exacerbate their overall health. Interference and limitations on the part of health plans in this process put the patient's overall health at risk.

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<sup>1</sup> “Looking Ahead: Improving Our Vision for the Future.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 7 Nov. 2022, <https://www.cdc.gov/visionhealth/resources/infographics/future.html>.

<sup>2</sup> U.S. Census Bureau, 2012–2016 American Community Survey 5-Year Estimates, self-report, crude prevalence, all ages.



### **Patient-Centric Care for Vision Patients in Alaska is Essential**

Step therapy protocols interfere with access to appropriate care and significantly impact the core foundation of a patient-provider relationship. According to a 2022 survey conducted by the Alliance for Patient Access, 98% of physicians identify step therapy as a significant barrier to proper care for their patients.<sup>3</sup> Treatment decisions for vision patients should be based on the health care provider's expertise on the unique challenges of their patients, as opposed to a one-size-fits-all insurer-driven step therapy protocol. Vision patients require uninterrupted access to appropriate clinician-prescribed treatment(s) proven to manage their vision condition and to ensure quality of life and effective condition management.

### **SB 133 Protects Alaska Residents Against Unnecessary Step Therapy Protocols**

SB 133 would require the insurer to implement comprehensive guidelines, including an exemption process and a clear, timely response requirement for insurers to respond to these exemption requests. Establishing and implementing a more streamlined process will benefit all Alaska residents. Importantly, while this bill streamlines the step therapy process, it does not prohibit step therapy or the number of steps an insurer can require.

It is estimated that by 2050, without adequate interventions, vision impairment and blindness will increase by 150%. The overall cost of vision problems will increase by 157% to \$373 billion.<sup>4</sup> Legislation to protect vision patients and ensure appropriate access to care is imperative to improve overall vision health and lower future costs to the system. We urge you to support this legislation to protect Alaska residents with vision conditions.

On behalf of the Vision Health Advocacy Coalition and our membership, we urge your support for SB 133 to protect patients with vision conditions. If we can provide further details or answer any questions, please get in touch with Olivia Perry [operry@allianceforpatientaccess.org](mailto:operry@allianceforpatientaccess.org).

Sincerely,

*Olivia Perry*

Olivia Perry  
Coalition Director  
Vision Health Advocacy Coalition

### **Co-Signing Organizations:**

Alliance for Patient Access  
American Macular Degeneration Foundation  
Endocrine Nurses Society  
Future Leaders In Sight  
Infusion Access Foundation

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<sup>3</sup> Alliance for Patient Access. Physician Burnout & Utilization Management Survey [https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA\\_Physician-Burnout-Utilization-Management\\_Tri-fold\\_DIGITAL\\_November-2024.pdf](https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA_Physician-Burnout-Utilization-Management_Tri-fold_DIGITAL_November-2024.pdf)

<sup>4</sup> "Looking Ahead: Improving Our Vision for the Future." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 7 Nov. 2022, <https://www.cdc.gov/visionhealth/resources/infographics/future.html>.

Lupus and Allied Diseases Association, Inc.  
National Alliance for Eye and Vision Research  
Prevent Blindness  
Sjögren's Foundation, Inc.  
TED Community Organization  
U.S. Pain Foundation