

Colorado General Assembly – House Health & Human Services

Testimony of Lisbet Finseth
National Multiple Sclerosis Society

SB25 301 – Remove Authorization Requirement Adjust Chronic Prescription

Hello Chair and members of the Health & Human Services Committee. Thank you for the opportunity to speak to you today on the National Multiple Sclerosis Society's support position on Senate Bill 301, which decreases the burden of prior authorization approval on providers when treating patients with chronic illness, and increases the speed at which patients receive necessary adjustments to life-saving treatment.

Multiple sclerosis (MS) is an unpredictable disease of the central nervous system, with an estimated 1 million people living with MS in the United States. The symptoms vary from person to person, and may include disabling fatigue, mobility challenges, cognitive changes and vision issues, resulting in lifelong disability. This disease cannot be predicted; there is no cure. If treated with the right prescriptions in a timely manner, MS progression can be slowed.

Prior authorization processes can result in delays or disruptions in treatment as patients wait for their health plan to determine whether they will cover care as prescribed. If coverage is denied, additional delays may occur if the provider and patient have to go through an appeals process. The appeals process, including the steps required to file a dispute, may take several additional days or weeks to process.

For people with MS, prolonging ineffective treatment (and delaying access to the right treatment at the right dose) may result in increased disease activity, loss of function and possible irreversible progression of disability. People living with MS may increase their risk of lapses in treatment or even worsening the course of their disease because of these delays. The Society urges reasonable solutions to make the process more transparent, timely, and less burdensome on providers.

SB 301 lessens the amount patients would go through prior authorization for a chronic maintenance drug, specifically when adjusting dosage. When people with MS find a therapeutic that works for them, they are often on this medication for life, and adjust dosage based on current MS exacerbations. Continuously having to undergo prior authorization for a drug they've been stable on is a burden to patients and physicians alike. SB 301 lessens the barriers to continuity in treatment and reduces administrative burden on physicians.

We urge the Committee to support SB 301 to lessen the burden of prior authorization on those living with chronic illness. Thank you.

Lisbet Finseth
Lisbet.Finseth@nmss.org



April 30, 2025

Representative Kyle Brown, Chair
House Committee on Health and Human Services
HCR 0112, Colorado State Capitol
200 E Colfax Avenue
Denver, CO 80203

Dear Chair Brown and Members of the House Committee on Health and Human Services,

The Rocky Mountain Oncology Society (RMOS) and the Association for Clinical Oncology (ASCO) are pleased to support **SB 301**, which would streamline prior authorization processes for patients with cancer. We thank the Committee for their efforts last session to reform prior authorization processes in Colorado and appreciate your efforts to build upon these guardrails.

Formed in 1991, RMOS is a diverse community of oncology professionals whose mission is to promote the highest professional standards of oncology, research and exchange information and ideas leading to improvements in oncology. ASCO is a national organization representing physicians who care for people with cancer. With over 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

Prior authorization requires patients or their providers to secure pre-approval as a condition of payment or insurance coverage of services. In a recent ASCO survey, 80% of respondents said that a patient has experienced significant impacts on their health, such as disease progression, because of prior authorization processes. The most common harms to patients include delays in treatment (95%) and diagnostic imaging (94%), patients being forced onto second-choice therapy (93%) or denied therapy (87%) and increased out-of-pocket costs (88%). These survey results confirm that prior authorization results in unnecessary delays or denials of cancer care.

RMOS and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Payer utilization management approaches like prior authorization are of particular concern because they represent greater likelihood of raising barriers to appropriate care for individuals with cancer.

RMOS and ASCO support language in SB 301 that allows healthcare providers to adjust the dose or frequency of a chronic maintenance drug without needing prior authorization from an insurance carrier. This provision would ensure ongoing access to medications and treatment, improving continuity of care for patients managing chronic conditions, like cancer.

RMOS and ASCO are encouraged by the steps SB 301 takes toward improving prior authorization for patients with cancer in Colorado and we urge the Committee to pass this bill. For a more detailed

understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement on Prior Authorization](#). If you have any questions about prior authorization, please do not hesitate to contact Sarah Lanford at Sarah.Lanford@asco.org.

Sincerely,

Alicia Swink, MD
President
Rocky Mountain Oncology Society

Eric P. Winer, MD, FASCO
Chair of the Board
Association for Clinical Oncology

House Health & Human Services

04/30/2025 Upon Adjournment

SB25-301 Remove Authorization Reqmnt Adjust Chronic Rx

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Stephanie Brock For themselves</p>	<p>Written Testimony in Support of SB25-301 Submitted by Stephanie Brock President, Board of Directors Rocky Mountain Chapter, Crohn's & Colitis Foundation Colorado Springs, Colorado</p> <p>Colorado General Assembly,</p> <p>My name is Stephanie Brock. I serve as President of the Rocky Mountain Chapter of the Crohn's & Colitis Foundation. I am also a proud resident of Colorado Springs and a passionate volunteer. But today, I write to you first and foremost as a mother.</p> <p>My son, Joseph, was diagnosed with Crohn's disease at the age of 17. His diagnosis was a life-altering moment for our family—one of those instances that clearly divides life into "before" and "after." Not long after being diagnosed, Joseph underwent major surgery to remove a significant portion of his intestines. Watching my child suffer—so young, with so much ahead of him—is a pain I will never forget.</p> <p>Since that day, our lives have centered on managing this relentless disease: coordinating with specialists, coping with flare-ups, adjusting medications, and constantly navigating the insurance process. Despite all of this, Joseph remains resilient. He is currently a student at the Colorado School of Mines, striving every day to pursue his academic and professional goals—while also battling a chronic illness. He is fighting for his future, and I am here fighting alongside him.</p>

	<p>One of the most persistent obstacles we face is the system of prior authorizations. Let me be clear: prior authorizations are not a safeguard—they are a barrier. While designed to manage care, they often delay or deny it for patients with chronic illnesses like Crohn’s disease.</p> <p>The system is simply not built for patients who require ongoing, adaptive care. It is designed for acute, short-term conditions—not the daily, unpredictable needs of someone living with IBD. Each time a medication needs to be adjusted, we encounter delays. And while we wait for approval, Joseph suffers.</p> <p>These delays have real consequences. Missed classes. Intolerable pain. Risk of complications. We’ve waited over a week for a critical medication change—approved by his doctor—while his symptoms worsened. These experiences are not hypothetical. They are real, and they are happening to families across our state.</p> <p>Joseph’s physicians have spent years understanding what works for his condition. They should have the clinical authority to make timely adjustments without facing repeated denials and delays from insurance providers. Chronic illness requires real-time decisions. This bill will empower healthcare providers to respond with the urgency that IBD and similar conditions demand.</p> <p>Moreover, this is a matter of financial responsibility. Delays in care often lead to emergency room visits and hospitalizations—outcomes that are both traumatic and far more costly. SB25-301 reduces administrative inefficiencies and ensures that patients receive timely, appropriate care, ultimately saving money for patients, insurers, and the state.</p> <p>In closing, I urge you to vote yes on SB25-301. Let’s eliminate unnecessary hurdles, protect our families, and allow healthcare providers to deliver the care they are trained to provide. Not just for my son, but for the thousands of Colorado residents who live with chronic conditions every day.</p> <p>Thank you for your time and your commitment to improving healthcare in Colorado.</p>
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	<p>Respectfully, Stephanie Brock President, Board of Directors Rocky Mountain Chapter Crohn's & Colitis Foundation Colorado Springs, CO create@stephaniebrockdesign.com 316-258-1222</p>
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