

FIX PRIOR AUTHORIZATION AND RESTORE TIMELY ACCESS TO PATIENT CARE

Physicians are overwhelmed with prior authorization requirements. The process of prior authorization is not transparent and denials and appeals for medically necessary services oftentimes result in patient harm. According to a 2022 survey of physicians conducted by the American Medical Association, 94 percent reported that prior authorization delays access to necessary care. Moreover, 80 percent reported that prior authorization can lead to treatment abandonment.

Prior authorization requirements also divert time away from patients. Physicians should be focused on patient care and not on navigating the prior authorization process to get patients their recommended tests, procedures and medications.

Physician impact









88% of physicians describe the burden associated with PA as high or extremelly high

Action is needed to reduce the burden of prior authorization on physician practices, as well as to improve patient outcomes by preventing delays in care and minimizing the number of patients who forego treatment altogether when care is denied or subjected to lengthy appeal.

With the use of artificial intelligence (AI), insurance companies have little economic downside to require prior authorization for more services, including low-volume and low-cost **services.** If insurers are going to increase the burden of prior authorization on physicians and other providers, they should be required to be transparent about the need for prior authorization on a serviceby-service basis.

What Congress Can Do to Help

- Create common-sense exceptions to step therapy protocols with passage of the Safe Step Act (S. 652 / H.R. 2630).
- Cosponsor the Gold Card Act (H.R. 4968).
- Codify and enhance CMS regulations that advance interoperability and improve prior authorization in Medicare Advantage plans.
- Conduct investigation and provide oversight of insurance companies on their utilization management practices, including the use of AI for prior authorization, that result in denials of or delays to otherwise medically necessary care.