



Stop Misuse of Prior Authorization Cosponsor H.R. 3107, the Improving Seniors' Timely Access to Care Act

REMOVING BARRIERS TO TIMELY ACCESS TO CARE

The Regulatory Relief Coalition (RRC) is a group of national physician specialty organizations advocating for regulatory burden reduction in Medicare so that physicians can spend more time treating patients. Most recently, we have focused on common sense reform of Medicare Advantage Organizations' (MAOs) use of prior authorization. Our aim is to ensure that prior authorization is not a barrier to timely access to care for the patients we serve.

PRIOR AUTHORIZATION: COSTS AND CONSEQUENCES

Prior authorization is a cumbersome process that requires physicians to obtain pre-approval for medical treatments or tests before rendering care to their patients. The process for obtaining this approval is lengthy and typically requires physicians or their staff to spend the equivalent of 2 or more days each week negotiating with insurance companies — time that would be better spent taking care of patients.

- Over the past 10 years, insurers have substantially increased the use of prior authorization in an attempt to reduce health care costs. While the Coalition understands the importance of such utilization tools, patients are now experiencing significant barriers to medically necessary care due to prior approval requirements for items and services that are eventually and routinely approved.
- The vast majority (87% in one recent survey) of physicians report negative impacts on patient clinical outcomes from prior authorization, and nearly 60% of physicians are forced to employ staff working exclusively on prior authorization.

In some instances, prior authorization is imposed on services — such as transplantation, procedures for blinding eye disease, or cancer care — that are very unlikely to be over-utilized and are eventually approved 90-100% of the time. In these cases and others, prior authorization not only expends unnecessary time and money for plans, providers, and caregivers, but it often prevents beneficiaries from receiving medically necessary, sometimes lifesaving, care in a timely manner. Further, the RRC is especially troubled by reports that some plans are using middlemen such as benefits management companies, which are incentivized based on the number or dollar amount of services they deny.

REQUEST

The RRC is urging Congress to bring needed transparency and oversight to the Medicare Advantage program by adopting H.R. 3107, the *Improving Seniors' Timely Access to Care Act*. Sponsored by Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Roger Marshall, MD (R-KS), and Ami Bera, MD (D-CA). This legislation would protect patients from unnecessary prior authorization practices as it would:

- Establish an electronic prior authorization process;
- Minimize the use of prior authorization for routinely approved services;
- Ensure prior authorization requests are reviewed by qualified medical personnel;
- Require regular reports from MAOs on their use of prior authorization and rates of delay and denial; and
- Prohibit the use of prior authorization for medically-necessary services performed during pre-approved surgeries or other invasive procedures.

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