



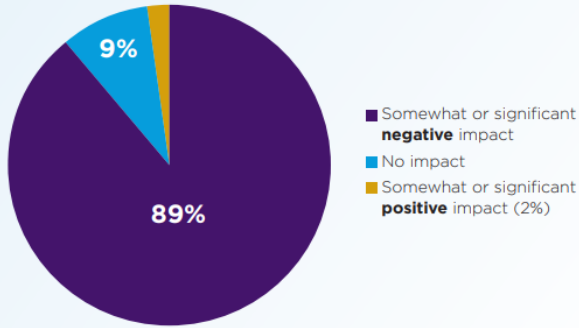
Prior Authorization Reform

**CSRO 2023 Advocacy Conference
August 26, 2023**

**Heather McComas and Emily Carroll
American Medical Association**

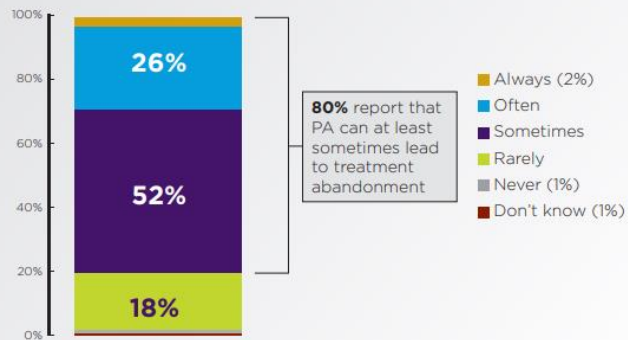
Impact of PA on clinical outcomes

Q: For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?



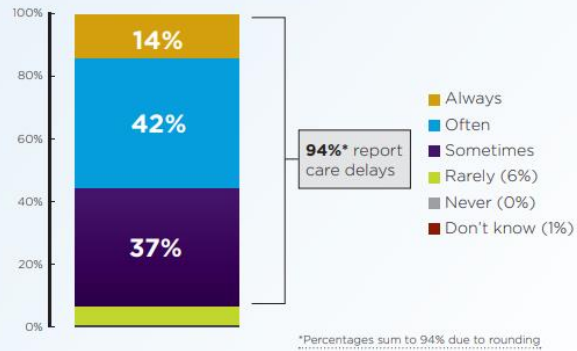
Abandoned treatment associated with PA

Q: How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?



Care delays associated with PA

Q: For those patients whose treatment requires PA, how often does this process delay access to necessary care?



Prior authorization (PA) harms patients . . .

- **Source:** 2022 AMA Prior Authorization Physician Survey
- Available at: <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

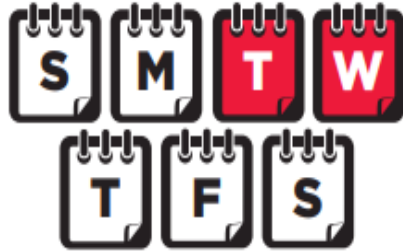
33% of physicians report that PA has led to a **serious adverse event** for a patient in their care.

On average,
practices complete

45

**PAs per physician,
per week**

Physicians and their staff
spend an average of



almost two business days (14 hours)
each week completing PAs



Nearly
Two in five or
35%
of physicians have
staff who work
exclusively on PA

88%

of physicians describe
the burden associated
with PA as high or
extremely high

And burdens
physician
practices . . .

And impacts
employers ...

Employer impact



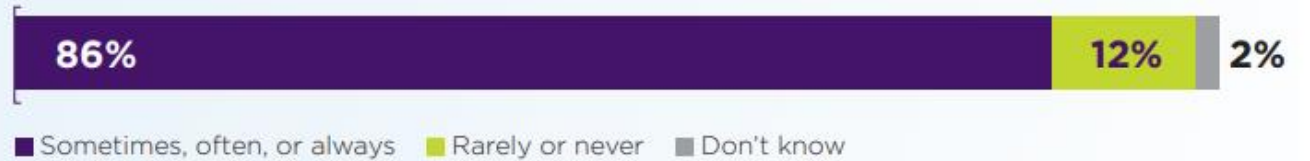
58%

of physicians with patients
in the workforce report that
PA has impacted patient
job performance

And wastes
overall
health care
resources

PA and resource utilization

Q: In your experience, how often does the PA process lead to higher overall utilization of health care resources (e.g., additional office visits, initial use of less effective therapy due to step therapy requirements, emergency room visits, hospitalization)?



64%

of physicians report that PA has led to **ineffective initial treatments** (i.e., step therapy)

62%

of physicians report that PA has led to **additional office visits**

46%

of physicians report that PA has led to **immediate care and/or ER visits**

Solutions



Faster response times

24 hours for urgent care and 48 for nonurgent

Use of APIs and ePA (must be paired with other solutions since, by itself, ePA could increase rather than reduce unnecessary use of prior auth)



Ensuring review by clinical peers

Physician of the same specialty, licensed in the state, with experience treating patient's condition.



Reducing prior authorizations

A prior authorization should be good for the course of treatment

Eliminate prior auth for care with high approval rates



Data collection and reporting

Rates of approval, denials, appeals, response times, more

Available to patients, providers, and policymakers
Summary reports by DOI



Continuity of care

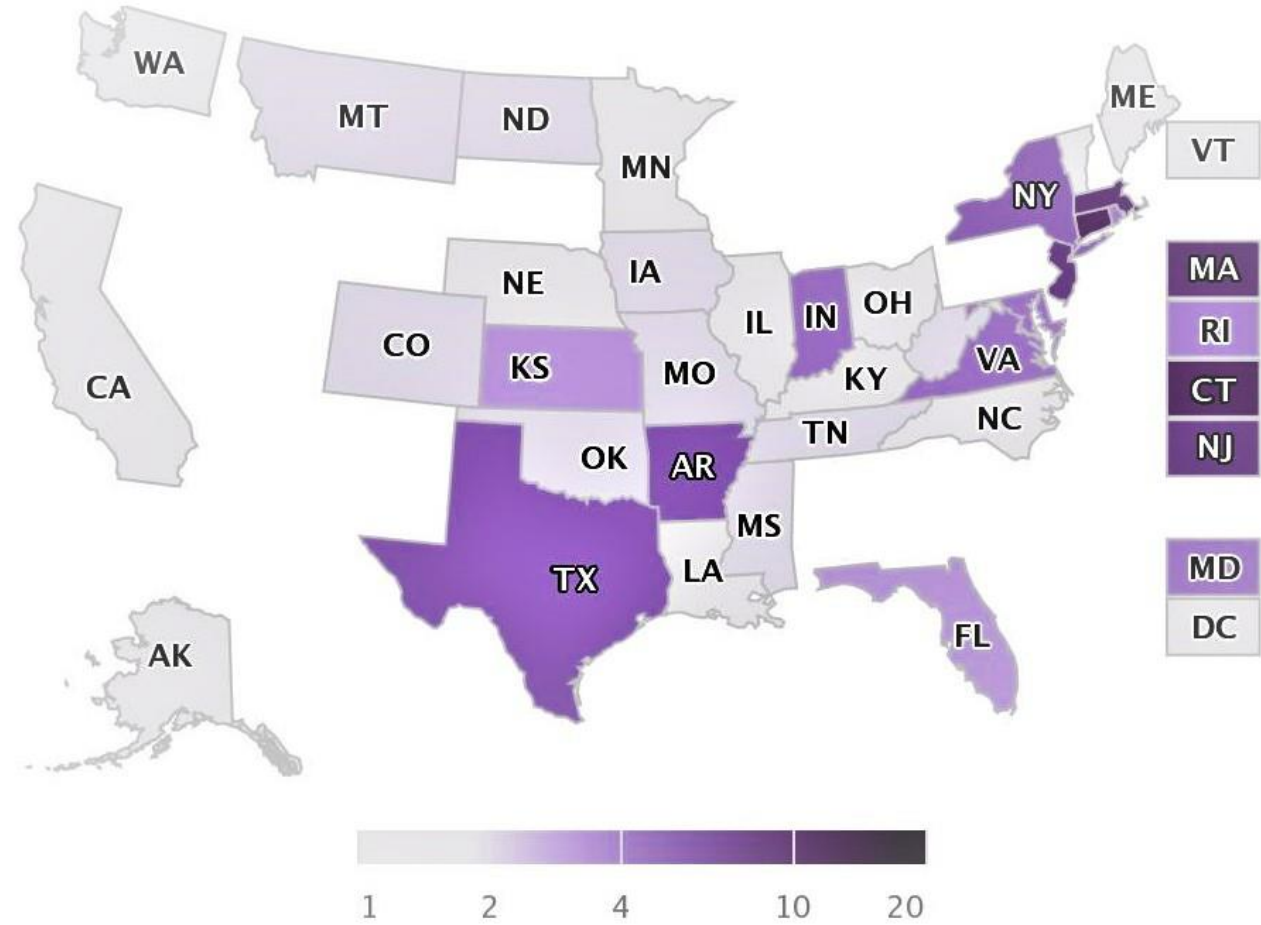
90+ day grace period when patient is switching plans



Transparency

Clinical criteria
Prior authorization requirements
Reason for adverse determination
Appeal processes

2023 state activity



Federal activity: Final CY2024 Medicare Advantage (MA) Rule



Clinical Validity

- MA plans may only use PA to confirm diagnoses/medical criteria
- MA beneficiaries must have access to the same items and services as they would under traditional Medicare vs. plans using internal proprietary clinical criteria
- MA plans must establish a Utilization Management Committee
- MA plans cannot deny care based on provider type or setting

Continuity of Care

- MA plans' PA approvals must remain valid for the duration of the course of treatment
- MA plans must provide beneficiaries with a 90-day transition period where a PA would remain valid for an ongoing course of treatment when beneficiaries change plans
- After PA approval, MA plans cannot retroactively deny coverage

Federal activity: Proposed PA/interoperability rule

MA, Medicaid/Medicaid MC, CHIP/CHIP MC, QHPs in FFEs



Processing timelines: 72 hours for urgent prior authorizations

- AMA advocates for **24 hours** for urgent and **48 hours** for regular PAs

Electronic PA process via application programming interfaces that integrate with EHRs

- AMA supports electronic PA process as component of reform
- Concerns with AI programs/lack of human review of denials
- Accessibility for small practices and those in rural or underserved community

Transparency requirements:

- Plans required to post metrics (approval/denial rates; overturns on appeal; average processing time)
- Plans required to provide specific reason for denial, regardless of processing method

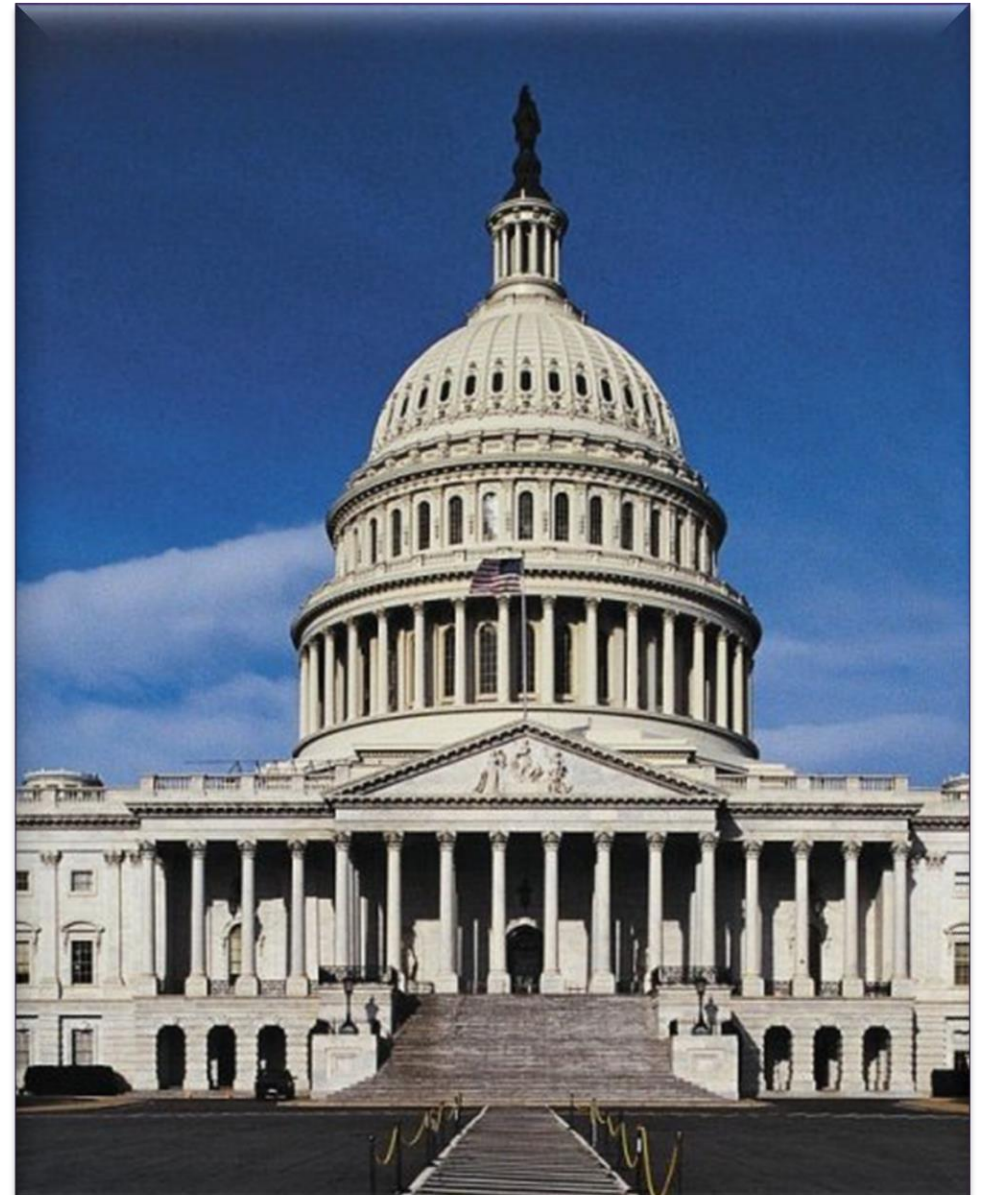
Federal PA Legislation

H.R. 3173/S. 3018, the Improving Seniors' Timely Access to Care Act of 2022

- Proposed streamlining and standardization of PA in MA program
- Passed House of Representatives in September 2022 by unanimous voice vote
- Stalled in Senate after \$16.2 billion Congressional Budget Office score
- Provisions recently reintroduced in a bill that passed Ways & Means

H.R. 4968 "Getting Over Lengthy Delays in Care as Required by Doctors" (GOLD CARD) Act of 2023

- Exempts physicians from MA plan PA requirements if 90% of the physicians' requests were approved in the preceding 12 months
- Based on a similar law enacted in Texas that took effect in 2021
- Establishes protections against inappropriate revocation of gold card status and right to appeal attempt to rescind PA waiver



Grassroots PA Advocacy



Prior authorization hurts patients, physicians, and employers. It's time to **#FixPriorAuth.**

Click below to discover how prior authorization affects you.



I am a patient



I am a physician



I am an employer

Physicians Grassroots Network @PhysGrassroots · Mar 16
 #PriorAuthorization undermines physician expertise and delays patient care. RT if you agree it's time to #FixPriorAuth. #MarchMadness

Physicians shouldn't have to jump through **HOOPS** to get patients the care they need.



#FixPriorAuth


1 1 3 165



"Took 3 weeks to get my chemo pill approved."

– Dawn C.

Read More >



Tell Congress: Americans have a right to timely access to treatment!

Have you ever gone to the pharmacy to fill a prescription only to be told that your insurance company requires approval before they'll cover your treatment? Have you ever waited for days, weeks, or months for a test or medical procedure to be scheduled because your physician first needed to obtain authorization from your insurer?

Petition Text

Americans across the country are experiencing significant delays in their access to care due to time-consuming and often unnecessary prior authorization requirements from their health insurance companies. Patients who have spent hard-earned dollars on insurance premiums suddenly find themselves unable to receive necessary medical treatment due to these onerous insurer policies.

Get Involved on FixPriorAuth.org

- Access resources
- Share your story
- Sign the petition
- Engage on social media

The image features two overlapping speech bubbles on a solid blue background. The bubble on the left is larger and contains the text 'Questions and discussion'. The bubble on the right is smaller and is empty. Both bubbles have a white-to-light-blue gradient and a subtle drop shadow.

Questions and discussion

A hand is shown in the foreground, resting on a mouse. To the right of the hand is a large, three-dimensional '@' symbol made of cardboard. The background is a blurred office setting with a desk and a chair.

Contact Us

Emily Carroll, JD

Senior Attorney

AMA Advocacy Resource Center

emily.carroll@ama-assn.org

Heather McComas, PharmD

Director

AMA Administrative Simplification
Initiatives

heather.mccomas@ama-assn.org



Physicians' powerful ally in patient care