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Opinion: Health insurance too often fails to make the grade

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Movies and TV programs showing insurance companies denying care to critically ill patients to save money are thought to be episodic in nature — exceptions rather than the rule. We now know more about the pervasiveness of health care payer practices that delay essential care to Americans with life-altering diseases.

Research shows how our health insurance system often fails the more than 50 million people with autoimmune diseases. A national scorecard examined insurance plans from some of the most recognized companies including AARP, Aetna, Cigna, Elevance Health, Humana and United Health Group. These plans cover more than 100 million people, and this report found that insurers have erected barriers making it harder for patients to receive their doctor-prescribed medicines.

This scorecard compiled pharmacy and medical benefit data from thousands of plans and pharmacy benefit managers (PBMs) and examined coverage limitations on medications for several autoimmune diseases and access barriers. These included: step therapy that forces patients to use insurer preferred medications until they “fail first” before approving doctor-prescribed treatments; specialty tiering which places certain medications on formularies that impose higher cost burdens; and prior authorization which requires approval from insurers before physicians can prescribe a treatment.

Three out of four plans scored a “C” or an “F” in allowing patients to directly receive treatments their doctors prescribed. Twenty-five percent of commercial plans scored an “A” or a “B” compared to 17% of exchange plans. Additional research of rheumatology providers found that 90% of prior authorization decisions are delayed, and half were denied by insurance companies. Rheumatologists noted that most requests required patients to fail first before an insurance company or PBM even considered the request.

It’s not just a matter of denying patients the ability to relieve symptoms. Many newer autoimmune treatments are disease-modifying and stop progression.

Without timely and appropriate treatment, organ systems can be damaged. For example, inadequately-treated rheumatoid arthritis results in joint replacements, resulting in the need for additional services while potentially limiting their ability to work.

Fortunately, we are starting to see progress. The Senate Finance Committee, of which Virginia Sen. Mark Warner is a member, released a legislative framework with policy reforms to hold PBMs accountable. Virginia Sen. Tim Kaine and others on the Senate HELP Committee asked PBMs tough questions and passed a bill to rein in policies that hinder medication access and increase costs. Similar measures are pending in the House of Representatives and in many states, including Virginia.

The public agrees these actions cannot come soon enough. Recent polling found that a majority (71-74%) of consumers are concerned that prior authorization delays or blocks access and increase costs, resulting in patients delaying or receiving less effective treatments. By overriding doctors ’recommendations, PBMs and insurance companies are essentially making treatment decisions. The poll found strong majorities agree that reforms are needed, including requiring insurance companies to respond to requests within a specific time for urgent care needs (80%); requiring insurance companies to make prior authorization information readily available and accessible (80%); and for insurance companies to adopt electronic systems to streamline the process (77%). The public broadly supports requiring insurance companies to provide all FDA-approved medications and cover care when a doctor prescribes it (79%).

Support for reform cut across demographics and political affiliation — a rare issue that attracts strong bipartisan support. Health insurance is supposed to give patients the peace of mind that they will have access to the care they and their physicians determine is necessary and appropriate. Instead, today’s payer practices are causing unnecessary financial burdens and emotional distress, further complicating medical challenges. Policymakers need to act before more lives are unnecessarily damaged.

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