

ISSUE BRIEF

Regulatory relief: Prior authorization burdens

AGA position: Reduce prior authorization burdens on physician practices and prevent delays in patient care.

Prior authorization is a utilization management tool used by payors that requires physicians to obtain preapproval for medical treatments or tests before rendering care to a patient.

Prior authorization is an administrative hassle for medical practices.

The lengthy approval process typically requires physicians or their staff to spend the equivalent of two business days each week completing prior authorizations – time that could have been spent taking care of patients.

- Nearly 90% of physicians have delayed or avoided prescribing a treatment due to the prior authorization process.
- 94% report that the increased administrative burden has influenced their ability to practice medicine.¹
- In Medicare Advantage (MA) plans, physicians are reporting increasingly onerous prior.

authorization requirements for medical services and procedures that are impacting patient access to medically necessary care.

Prior authorization delays care.

91%

of physicians state that prior authorization delays access to necessary care.

74%

of physicians report that prior authorization can lead to patients abandoning treatment.

Ultimately, the majority of services are approved (71%), with one-third of physicians getting approved 90% or more of the time.

AGA SUPPORTS

Improving Seniors' Timely Access to Care Act

Reps. Suzan DelBene, D-WA, Mike Kelly, R-PA and Ami Bera, MD, D-CA and Sens. Sherrod Brown, D-OH, John Thune, R-SD and Roger Marshall, R-KS will be reintroducing the legislation in the coming weeks.

This bipartisan legislation aims to increase transparency and accountability of Medicare Advantage plans and streamline the prior authorization process by:

- Establishing an electronic prior authorization process.
- Minimizing the use of prior authorization for services that are routinely approved.
- Ensuring prior authorization requests are reviewed by qualified medical personnel.
- Requiring plans to report on the extent of their use of prior authorization and the rate of delays and denials.

Bottom line: Patients should have timely access to the care their health care providers deem medically necessary — cosponsor the Improving Seniors' Timely Access to Care Act upon reintroduction.

1. Alliance of Specialty Medicine, 2017 Access to Specialty Care Survey: https://specialtydocs.org/wp-content/uploads/2019/05/ASM_Access_Survey_Summary_Data.pdf

For more information

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