

Reforming Prior Authorization to Protect Patient Access to Care

The Issue

Prior authorization is intended to ensure appropriate use of health care services, but excessive and unpredictable requirements can delay medically necessary care and create significant administrative burdens for physicians and their patients.

Prior authorization creates significant administrative burdens for physicians, who spend substantial time completing requests and managing appeals rather than delivering patient care. These delays can result in significant clinical consequences, including delays in care.

Prior authorization decisions are frequently made by health plan reviewers lacking specialty-specific expertise, undermining the clinical judgment of treating physicians. Criteria are often opaque and inconsistently applied, making outcomes difficult to predict.

A Bipartisan Solution for Medicare Advantage

The Improving Seniors' Timely Access to Care Act (H.R. 3514/S. 1816) would modernize and streamline prior authorization within Medicare Advantage while maintaining appropriate utilization management.

- **Electronic prior authorization:** Modernizes the prior authorization process by mandating an electronic system starting January 1, 2028. This would let providers submit requests electronically and get timely responses along with required documentation.
- **Transparency requirements:** Medicare Advantage plans would be required to provide greater transparency around their prior authorization practices.
- **Response timeframes:** HHS is authorized to set specific response deadlines.
- **Reporting:** Requires various reports to Congress and public disclosures on the effectiveness and implementation of the new prior auth processes.

These reforms build on recent federal regulatory efforts while providing a statutory framework that offers greater consistency and predictability for patients, physicians, and Medicare Advantage plans.

Why It Matters to Patients With Pain

Patients living with chronic pain often require individualized, specialty care. Treatment decisions should reflect the patient's clinical circumstances and the judgment of physicians with appropriate expertise.

A prior authorization system that is slow, inconsistent, or difficult to navigate can interrupt that care. Improving the process can reduce unnecessary administrative barriers while preserving appropriate safeguards and ensuring that Medicare Advantage beneficiaries can receive necessary care without delays.

Congressional Ask

Support congressional action to advance the Improving Seniors' Timely Access to Care Act and enact meaningful Medicare Advantage prior authorization reform.

Congress should establish a transparent, timely, and accountable prior authorization system that reduces unnecessary administrative burdens and protects patients from avoidable delays in medically necessary care.

