

PRIOR AUTHORIZATION

H.R. 3107, Improving Seniors' Timely Access to Care Act

REQUEST

The Alliance of Specialty Medicine urges representatives to **cosponsor the bipartisan *Improving Seniors' Timely Access to Care Act*** (H.R. 3107) which would streamline prior authorization in the Medicare Advantage (MA) program. H.R. 3107 was introduced by Representatives Suzan DelBene (D-WA), Mike Kelly (R-PA), Roger Marshall, MD (R-KS), and Ami Bera, MD (D-CA).

BILL SUMMARY

To increase transparency and accountability, and to reduce the burdens of prior authorization, the ***Improving Seniors' Timely Access to Care Act*** would:

- Establish an electronic prior authorization process;
- Minimize the use of prior authorization for services that are routinely approved;
- Prohibit additional prior authorization for medically-necessary services performed during a surgical or invasive procedure that already received, or did not initially require prior authorization;
- Require plans to report on the extent of their use of prior authorization and the rate of delays and denials;
- Ensure prior authorization requests are reviewed by qualified medical personnel; and
- Ensure that plans adhere to evidence-based medicine guidelines.

BACKGROUND

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 approval is lengthy and typically requires physicians or their staff to spend the equivalent of two or more days each week negotiating with insurance companies — time that would better be spent taking care of patients. Patients experience significant barriers to medically necessary care due to prior authorization requirements for items and services that are eventually routinely approved.

Recent surveys of specialty physicians have found that:

- Nearly 90% have delayed or avoided prescribing a treatment due to the prior authorization process;
- 95% report that this increased administrative burden has influenced their ability to practice medicine;
- 82% state that prior authorization either always (37%) or often (45%) delays access to necessary care;
- Prior authorization causes patients to abandon treatment altogether with 32% reporting that patients often abandon treatment and 50% reporting that patients sometimes abandon treatment;
- Nearly two-thirds report having staff who work exclusively on prior authorizations, with one-half estimating that staff spend 10-20 hours/week dedicated to fulfilling prior authorization requests and another 13% spending 21-40 hours/week; and
- Ultimately, the majority of services are approved (71%), with one-third of physicians getting approved 90% or more of the time.

CONTACT

To cosponsor H.R. 3107, please contact Kyle.Hill@mail.house.gov (Rep. Suzan DelBene) or Kevin.Dawson@mail.house.gov (Rep. Mike Kelly).