



Reform Utilization Management to Improve Patient Access to Care

REQUEST: The American Academy of Allergy, Asthma & Immunology (AAAAI) requests members of Congress cosponsor and advance the following policies to reform utilization management practices to improve patient access to care:

- ***Improving Seniors' Timely Access to Care Act (S.1816/H.R.3514)***: The bill builds upon and codifies regulatory action to streamline and modernize the prior authorization (PA) process in the Medicare Advantage (MA) program. In January 2024, the Centers for Medicare and Medicaid Services (CMS) published its [final rule](#) titled *CMS Interoperability and Prior Authorization*.¹ to increase transparency, streamline, and standardize prior authorization, including implementing an electronic-PA program. During the 117th Congress, the House of Representatives passed an earlier version of the legislation by voice vote. The legislation has the support of nearly 300 organizations, and more than a majority of the House and Senate are cosponsors. The legislation received a preliminary “no cost” score from the Congressional Budget Office.
- ***Safe Step Act (H.R. 5509/S. 2903)***: This bipartisan legislation would require health plans to provide several common-sense exceptions for the use of step therapy, including if a patient has been previously stable on a medication. In the 118th Congress, the legislation was advanced by the Senate Committee on Health, Education, Labor, and Pensions (HELP) as part of the *Pharmacy Benefit Manager Reform Act*.

BACKGROUND: Utilization management can lower healthcare costs, but current practices create major barriers to care for Allergy/Immunology (A/I) patients and providers. Prior authorization requires physicians to obtain approval before delivering care, while step therapy’s “fail first” rules force patients to try and fail existing or preferred treatments before accessing the therapy prescribed by their physician. These processes consume extensive staff time and delay or block medically necessary treatment. In some cases, required switches from effective, established therapies – especially for immunodeficient patients – have led to treatment interruptions and even hospitalizations before re-approval is granted. AAAAI’s [position statement](#) on PA² outlines the impact on A/I patients and providers, including recommendations to improve the system. Notably, studies have shown that despite appropriate indications for therapy, the PA process delayed insurance approval to over 20 days on average for patients receiving biologic treatment for severe asthma, leading to 47% of patients requiring additional prednisone therapy during that waiting period - which increases the risk of long-term complications.³

CONTACTS: To cosponsor the ***Improving Seniors Timely Access to Care (S.1816/H.R.3514)***, please contact:
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¹ <https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-prior-authorization-final-rule-cms-0057-f>

² <https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Allergist%20Resources/Statements%20and%20Practice%20Parameters/Impact-of-Prior-Authorization.pdf>

³ Dudiak GJ, Popyack J, Grimm C, Tyson S, Solic J, Ishmael FT. Prior authorization delays biologic initiation and is associated with a risk of asthma exacerbations. *Allergy Asthma Proc.* 2021 Jan 1;42(1):65-71.