

# Reform Prior Authorization to Improve Patient Access to Care

## REQUEST

The American Academy of Allergy, Asthma & Immunology (AAAAI) requests members of Congress cosponsor and advance the following bipartisan pieces of legislation to improve and modernize the prior authorization (PA) process:

- The ***Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018)*** – would streamline the PA process in Medicare Advantage (MA) by establishing an electronic PA process, minimizing the use of PA for services that are routinely approved, require plans to report on the use of, rate of delays, and rate of denials for PA, ensure PA requests are reviewed by qualified medical personnel, and ensure plans adhere to evidence-based medicine guidelines. **In September, the bill passed the U.S. House of Representatives by voice vote.**
- The ***GOLD CARD Act (H.R. 7995)*** – would exempt qualifying providers from PA requirements under Medicare Advantage plans if the provider had 90%+ of PA requests approved the preceding year, including approvals granted after appeal.
- The ***Medicare & You Handbook Improvement Act (H.R. 2410/S. 5117)*** – would improve beneficiary education by requiring the Centers for Medicare and Medicaid Services (CMS) to include a description of utilization management techniques including PA, how a beneficiary can find which techniques apply under a specific MA plan or prescription drug plan, a description of the network sizes of MA plans relative to the number of health care providers who accept Original Medicare, and information related to seniors switching from Medicare Advantage plans back to Original Medicare and the potential raises in premiums and prohibition they may face in purchasing supplemental coverage.

## BACKGROUND

Prior authorization (PA) is a utilization management tool used by health insurers, including Medicare Advantage plans, requiring physicians to obtain pre-approval for medical treatments or tests for patients before providing care. While in certain circumstances PA is helpful in lowering the costs associated with delivering health care, the current process can be overly burdensome and unnecessarily delay needed treatment. It results in medical providers and staff dedicating hours of administrative time in negotiating with a patient's insurance company to preapprove certain medications that prescribers have deemed to be medically necessary to properly treat patients. As such, under the current process, patients are unable to obtain medically necessary treatments prescribed by their clinicians in a timely manner.

## CONTACT

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