

REFORM PRIOR AUTHORIZATION NOW

Congress has a unique opportunity before it to reform one of physicians' and patients' biggest obstacles to getting needed health care: prior authorization.

The nation's physicians understand the need to address fraud, waste, and abuse in health care programs. But research has shown over and over that health plans' excessive and potentially dangerous use of prior authorization is anything but healthy for patients and physician practices, who often face long wait times to get much-needed care approved.^{1,2}

In a recent poll, one in three insured adults in America said that beyond costs, prior authorization is their single biggest burden to getting health care.³ This is especially true in the Medicare Advantage program, where the practice has increased.⁴ The Center for Medicare and Medicaid Innovation's new WISeR pilot testing artificial intelligence to review some prior authorizations also has physicians concerned.⁵

All these hurdles add up to patients not getting care that's truly needed in a timely, efficient manner.

Physicians are encouraged to hear federal officials discussing solutions to require increased transparency from health plans and streamline the use of prior authorization,⁶ including programs similar to the "gold card" legislation pioneered by the Texas Legislature.⁷

Congress can and must act now to take down prior authorization barriers to patient care and enhance health plan accountability.

1. American Medical Association (https://fixpriorauth.org/sites/default/files/2025-02/2024_AMA_Prior-Authorization-Physician_Survey.pdf)
2. U.S. Department of Health and Human Services Office of Inspector General (oig.hhs.gov/oei/reports/OEI-09-18-00260.pdf)
3. KFF (<https://www.kff.org/public-opinion/kff-health-tracking-poll-prior-authorizations-rank-as-publics-biggest-burden-when-getting-health-care/>)
4. KFF (<https://www.kff.org/medicare/medicare-advantage-insurers-made-nearly-53-million-prior-authorization-determinations-in-2024/#6e420acb-2fc1-4707-8689-ac19594e493a>)
5. Organized medicine coalition letter regarding the Wasteful and Inappropriate Service Reduction (WISeR) Model (https://www.texmed.org/uploadedFiles/Current/2016_Advocacy/Federal_Legislative_Letters_and_Testimonies/WISeR_Coalition_Letter_11042025.pdf)
6. Centers for Medicare & Medicaid Services (<https://www.cms.gov/newsroom/press-releases/hhs-secretary-kennedy-cms-administrator-oz-secure-industry-pledge-fix-broken-prior-authorization>)
7. Texas House Bill 3459, 87th Regular Session

Prior Authorization Hassles:

94% Delay necessary care

88% Lead to higher use of health care resources

82% Can lead to treatment abandonment

61% Can increase denial rates with AI use

29% Led to a serious adverse event

Source: American Medical Association national physician survey (https://fixpriorauth.org/sites/default/files/2025-02/2024_AMA_Prior-Authorization-Physician_Survey.pdf)

“Many of my Medicare Advantage patients complain of excessive prior authorizations for imaging and procedures. This has led to delayed diagnoses of cancers.”

Sharon Liu, DO, Austin internist

TMA RECOMMENDATIONS:

- Cosponsor and enact H.R. 3514/S. 1816, the Improving Seniors' Timely Access to Care Act, which would streamline and standardize electronic prior authorization processes in Medicare Advantage and increase health plan oversight.
- Cosponsor and enact H.R. 2433, the Reducing Medically Unnecessary Delays in Care Act, which would require Medicare coverage decisions, including prior authorization, to be based on written clinical criteria developed in consultation with physicians.



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