

Reduce the Burden of Prior Authorization

Prior authorization is a cost control practice used by healthcare payers to request preapproval of specific medical services, prescriptions, or supplies prior to the service being rendered.

Prior authorization creates unnecessary administrative burden for healthcare providers, requiring clinician and staff time to be spent on lengthy preapproval and appeals processes rather than patient care. **Prior authorization negatively impacts patients** by causing lengthy delays in needed care. Given the critical role of timely diagnosis and treatment for sleep disorders such as obstructive sleep apnea, we urge reforms to ensure that patients receive necessary care without unnecessary delays.

Reforms that would help to ease this burden on both providers and patients include:

- Reducing administrative burdens
- Streamlining approvals for routine diagnostic testing
- Exempting high-risk patients from prior authorization requirements
- Standardizing prior authorization criteria across payers
- Supporting small practices through resources or exemptions

Legislation is needed to ensure that those using Medicare Advantage are not overly burdened by prior authorization requirements, and that the prior authorization process is transparent, consistent, electronic, and easy to understand and navigate. Previous versions of the Seniors Timely Access to Care Act, which has not yet been reintroduced in this congress, have addressed many of these concerns.

ASK: Cosponsor H.R. 3514/S.1816 the Seniors Timely Access to Care Act

Do not allow cumbersome and confusing prior authorization rules to continue affecting people across the country. Support reforms to reduce the burden prior authorization.

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