

Ensuring Timely Patient Access to Care through Prior Authorization Reform



Challenge: Prior Authorization Harms Patient Care

Prior authorization is a process imposed by insurance companies that requires health care providers to get advance approval for a prescribed medicine or service before the insurer will cover it.

While prior authorization used to be an infrequent tool to prevent costs associated with unnecessary medical interventions, it is now a nearly ubiquitous step in delivering patient care. This causes harmful delays in patient care, frustration, confusion, and treatment abandonment.¹ For people with cardiovascular disease, these delays in care can put them at higher risk for serious adverse outcomes like heart attack and stroke.¹

Recent surveys of physicians have found broad recognition of prior authorization's harmful impact on patient health:

94% reported **delays in care** stemming from prior authorization.²

80% reported that it has led to patient **abandonment of treatment**.²

88% reported a **high or extremely high burden**, with each physician averaging 45 requests every week.³

33% reported that it has led to a **serious adverse event** for a patient in their care.²

31% reported that prior authorization criteria are **rarely or never evidence-based**.²

Solution: Criteria to Make Prior Authorization Work for Patients

Reforming current prior authorization processes can go a long way in ensuring timely access to appropriate care and treatment to help prevent heart attacks, strokes, and other deadly cardiovascular events. In order for a more efficient, transparent and prompt prior authorization process to work for patients, **meaningful reform must include:**



Requirements for timely insurer response to requests⁴



Bans on retroactive denials of authorization⁵



Regular reviews of the drugs and services subjected to prior authorization⁵



Creation of an electronic prior authorization approval process⁶



Broad application to services, medicines, and other therapeutic products and interventions⁶

The Gold Standard

Several states are exploring or have already enacted an innovative approach known as "gold card" policies that exempt certain providers from prior authorization requirements if they have high approval rates.⁷ These policies cut delays and allow physicians to spend their time on what matters most: high-quality patient care.



About Take Health to Heart

Take Health to Heart is an education and advocacy initiative of the [Foundation of the National Lipid Association](#) and the [National Medical Association](#). Take Health to Heart is made possible through a sponsorship from Novartis Pharmaceuticals Corporation. Learn more at [TakeHealthtoHeart.org](#).

1. Myers KD, Farboodi N, Mwamburi M, et al. Effect of Access to Prescribed PCSK9 Inhibitors on Cardiovascular Outcomes. *Circulation: Cardiovascular Quality and Outcomes*. 2019;12:e005404. <https://doi.org/10.1161/CIRCOUTCOMES.118.005404> 2. 2022 AMA Prior Authorization (PA) Physician Survey. American Medical Association. 2023. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf> (Accessed March 20, 2023). 3. Identifying How Prior Authorization Impacts Treatment of Underserved and Minority Patients. Association of Black Cardiologists, Inc. 2019. <http://abccardio.org/wp-content/uploads/2019/03/AB-20190227-PA-White-Paper-Survey-Results-final.pdf> (Accessed March 20, 2023). 4. Ensuring Transparency in Prior Authorization Act. American Medical Association. 2022. <https://fixpriorauth.org/sites/default/files/2022-07/Health%20Plans%2C%20Ensuring%20Transparency%20in%20Prior%20Authorization%20Act%202022.pdf> (Accessed March 20, 2023). 5. Consensus Statement on Improving the Prior Authorization Process. American Medical Association. 2018. <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf> (Accessed March 20, 2023).

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