IMPROVING SENIORS' TIMELY ACCESS TO CARE ACT OF 2019

As healthcare utilization becomes increasingly costly, resource utilization programs have been put in place to ensure that providers are delivering care in a responsible, cost-effective manner. Currently, prior authorization approval is required for a wide range of services under Medicare Advantage (MA) and commercial insurance plans. **This process, while intended to control costs, can delay or deny medically necessary care and negatively influence patient outcomes**.

The application of prior authorization has grown indiscriminately, adding to the amount of time physicians must spend negotiating with insurance companies and taking away from time spent on patient care. According to a recent American Medical Association (AMA) survey, medical practices spend an average of two business days a week per physician to comply with health plans' inefficient and overused prior authorization protocols.[1]

Why H.R. 3107 Matters:

The Improving Seniors' Timely Access to Care Act would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the MA program, while also providing additional oversight and transparency.

The Improving Seniors' Timely Access to Care Act Will:

- **Create an electronic prior authorization program** including the electronic transmission of requests and responses and a real-time process for items and services that are routinely approved;
- **Improve transparency by requiring plans to report to Centers for Medicare and Medicaid Services (CMS)** on the extent of their use of prior authorization and the rate of approvals or denials;
- **Require plans to adopt transparent prior authorization programs** that are reviewed annually, adhere to evidence-based medical guidelines;
- **Hold plans accountable for making timely prior authorization determinations** and to provide rationales for denials; and
- **Prohibit additional prior authorization for medically-necessary services performed during a surgical or invasive procedure** that already received, or did not initially require, prior authorization.

What Congress Should Do:

Congress should pass H.R. 3107 to improve the prior authorization process, promote patient access to timely care, and reduce administrative burdens for orthopaedic surgeons under MA.

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[1] Robeznieks, Andis. "Prior Authorization Is a Major Practice Burden. How Do You Compare?" American Medical Association, 6 Apr. 2018, www.ama-assn.org/practice-management/sustainability/prior-authorization-major-practice-burden-how-do-you-compare.

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