



American Society for
Gastrointestinal Endoscopy

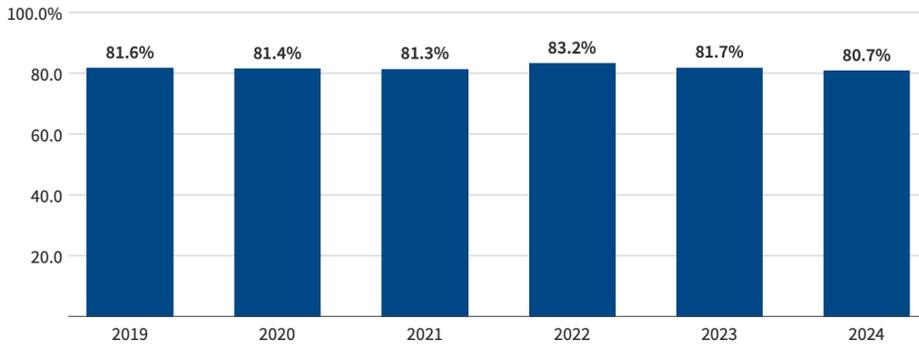
FIX PRIOR AUTHORIZATION TO RESTORE TIMELY ACCESS TO PATIENT CARE

Prior authorization continues to be a significant contributor to physician burnout. With roughly half the Medicare eligible population enrolled in a Medicare Advantage (MA) plan, legislative and regulatory actions are urgently needed to reduce the burden of prior authorization on physician practices, as well as to improve patient outcomes by preventing delays in care and minimizing the number of patients who forego treatment altogether when it is denied or subjected to a lengthy appeal. With authorizations for prescribed therapeutics, such as biologics to treat gastrointestinal conditions, physicians must frequently prove a patient failed other therapies, including sometimes one or more drugs in the same category, before the requested therapy will be approved.

According to a KFF analysis published on January 28, 2026, MA insurers processed 52.8 million prior authorization requests in 2024. Of those requests, 4.1 million requests were either fully or partially denied. A majority (80.7%) of denials were overturned on appeal, although only 11.5 percent of denials were appealed. Denials eventually approved on appeal represent care that was likely delayed and significant administrative burden on physician practices fighting with MA organizations to gain approval of medically necessary care.

More Than 80% of Denied Prior Authorization Requests That Were Appealed Were Overturned

Share of reconsiderations that were fully or partially favorable, 2019 - 2024



Source: Medicare Limited Data Set, Contract Years 2022-2024 Part C and D Reporting Requirements; Public Use File, Part C and D Reporting Requirements Contract Years 2019-2021. • [Get the data](#) • [Download PNG](#)

KFF

In June 2025, some of the biggest insurance companies pledged to improve prior authorization processes, including by reducing the volume of medical services subject to prior authorization, **but action by Congress is still needed.**

According to the KFF analysis, there has been an increase in the total number of prior authorization requests since 2020, although the increase corresponds to growth in MA enrollment. Therefore, the number of prior authorization requests per enrollee has remained relatively constant in the past few years. In 2024, MA enrollment growth outpaced the increase in the number of prior authorization requests, leading to a slight drop in the number of requests per enrollee to 1.7.

How Congress Can Help

Pass the *Improving Seniors' Timely Access to Care Act* (S. 1816, H.R. 3514) to codify CMS prior authorization regulations for MA plans and require greater transparency of prior authorization processes which will help patients and health care providers understand whether particular services are likely to be approved.