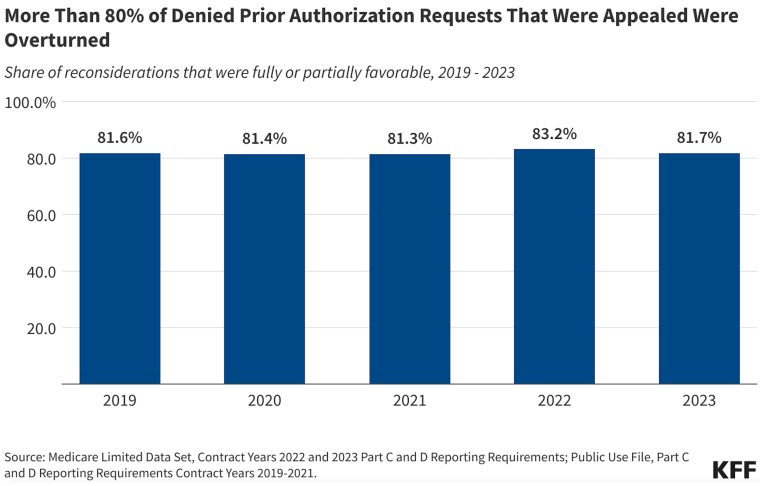
American Society for Gastrointestinal Endoscopy

Fix Prior Authorization and Restore Timely Access to Patient Care

Prior authorization continues to be a significant contributor to physician burnout. With more than half (54%) 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, MA insurers made nearly 50 million prior authorization determinations in 2023. Of those authorization requests, insurers fully or partially denied 3.2 million. A small share of those denied authorization requests were appealed (11.7%), and most of those appeals (81.7%) were partially or fully overturned. Denials eventually approved on appeal represent care that was likely delayed and significant administrative burden on physicians practices fighting with MA organizations to gain approval of medically necessary care.



Source: KFF — "Medicare Advantage Insurers Made Nearly 50 Million Prior Authorization Determinations in 2023"; Jan. 28, 2025

How Congress Can Help

- Pass the *Improving Seniors' Timely Access to Care Act* 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.

- Ask the Centers for Medicare and Medicaid Services to finalize proposed prior authorization changes [CMS-2024-0345-0006], including strengthening the criteria that may be used by MA plans in establishing prior authorization policies.