Neurosurgeons Applaud Senate Letter to CMS Calling for Improvements to Prior Authorization Process

Senators urge the agency to streamline prior auth in federal health programs to preserve timely access to care

Washington, DC—Today, the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) enthusiastically voiced support for a bipartisan letter from 29 U.S. Senators to Centers for Medicare & Medicaid Services (CMS) Administrator, Chiquita Brooks-LaSure. Spearheaded by Sens. Sherrod Brown (D-Ohio) and John Thune (R-S.D.), the letter requests an update from the agency head on “efforts to streamline prior authorization protocols across programs” and encourages CMS “to take additional steps to strengthen prior authorization policies and make them more efficient for all Americans, including Medicare Advantage (MA) beneficiaries.”

The letter also recognized that the bipartisan, bicameral Improving Seniors’ Timely Access to Care Act (S. 3018/H.R. 3173) — currently with a combined 244 co-sponsors — includes “a balanced approach to prior authorization in the MA program that would remove barriers to patients’ timely access to care and allow providers to spend more time treating patients and less on paperwork hurdles.”

“America’s neurosurgeons appreciate the leadership of Sens. Brown, Thune and others for their efforts to improve prior authorization across all federal health care programs,” said John K. Ratliff, MD, FAANS, a practicing neurosurgeon at Stanford University and chair of the AANS/CNS Washington Committee.

“Neurosurgeons treat some of the sickest patients who suffer from painful and life-threatening neurologic conditions such as brain tumors, debilitating degenerative spine disorders, stroke and Parkinson’s Disease, and without timely medical care, our patients often face permanent neurologic damage, and sometimes death. Such a strong showing on this letter clearly demonstrates significant bipartisan support for fixing prior authorization processes for the betterment of patient care,” Dr. Ratliff concluded.

A survey of neurosurgeons found that prior authorization — a cumbersome process that requires physicians to obtain pre-approval for medical treatments or tests before rendering care to their patients — is delaying access to necessary care. Wait times for prior authorization can be lengthy — typically taking between 2 to 14 days, but sometimes from 15 to more than 31 days. Prior authorization hassles can also cause patients to abandon treatment altogether. Finally, the survey demonstrated prior authorization has a negative impact on patient clinical outcomes.

To bring needed reforms to prior authorization and similar utilization review protocols in Medicare and other health programs, the AANS and the CNS have joined forces with the Regulatory Relief Coalition — a group of national physician specialty organizations advocating for reduced regulatory burdens to protect patients’ timely access to care.

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