



American
Association of
Neurological
Surgeons

**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS
CONGRESS OF NEUROLOGICAL SURGEONS**



Congress of
Neurological
Surgeons

PRIOR AUTHORIZATION

BACKGROUND

Prior authorization is a cumbersome process that requires physicians to obtain pre-approval for medical treatments or tests before rendering care to their patients. The process for obtaining this approval is burdensome and costly to physician practices, requiring physicians and their staff to spend an enormous amount of time each week negotiating with insurance companies. As a result, patients are now experiencing significant barriers to medically necessary care, even for treatments and tests that are eventually routinely approved.

A recent survey of neurosurgeons conducted by the AANS and the CNS found the following:

- Eighty-two percent of respondents state that prior authorization either always (34%) or often (49%) **delays access** to necessary care.
- The **wait time** for prior authorization can be **lengthy**. For most neurosurgeons (67%) it takes between 2 to 14 days to obtain prior authorization, but for 22%, this process can take from 15 to more than 31 days.
- Prior authorization causes patients to **abandon treatment** altogether with 21% reporting that patients often abandon treatment and 60% reporting that patients sometimes abandon treatment.
- Overwhelmingly (88%), neurosurgeons report that prior authorization has a significant (37%) or somewhat (51%) **negative impact** on patient **clinical outcomes**.
- Ninety-one percent of neurosurgeons report that the **burden** associated with prior authorization has **significantly increased** over the past five years.

IMPROVING SENIORS' TIMELY ACCESS TO CARE ACT

To bring needed transparency and oversight to the Medicare Advantage program, the AANS and the CNS are urging Congress to adopt H.R. 3107, the Improving Seniors' Timely Access to Care Act. Sponsored by Reps. **Suzan DelBene** (D-Wash.); **Mike Kelly** (R-Pa.); **Roger Marshall**, MD, (R-Kan.); and **Ami Bera**, MD, (D-Calif.), the bill would protect patients from unnecessary prior authorization practices that limit their timely access to medically necessary care. Specifically, this legislation would:

- Establish an electronic prior authorization process;
- Minimize the use of prior authorization for services that are routinely approved;
- 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;
- Ensure prior authorization requests are reviewed by qualified medical personnel;
- Require plans to report on the extent of their use of prior authorization and the rate of delays and denials; and
- Ensure that plans adhere to evidence-based medicine guidelines.

**PLEASE COSPONSOR H.R. 3107
The Improving Seniors' Timely Access to Care Act!**

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