

Prior authorization requires patients or their providers to secure pre-approval as a condition of payment or insurance coverage of services. In a recent ASCO survey, 75% of oncology practices cited prior authorization as a significant practice pressure. In a 2021 survey led by the American Medical Association (AMA), practices reported an average of 41 prior authorization requests per week, accounting for approximately 13 hours of practice time—or nearly two business days.

Prior authorization practices often delay access to cancer care. Treatment delays are particularly harmful for patients with cancer because they can lead to serious complications and irreversible disease progression. A recent [study](#) by the HHS OIG found that 13% of prior authorization denials were for services that met Medicare coverage rules, likely preventing or delaying care for Medicare Advantage beneficiaries. In a survey by the American Cancer Society Cancer Action Network (ACS CAN) one in three patients and caregivers reported delays in care because of prior authorization. In an AMA survey, 93% of physician respondents reported care delays due to prior authorization.

#### **“Hilda’s” Experience with Prior Authorization**

Hilda had acute myeloid leukemia (AML), a cancer of the blood and bone marrow and a disease that usually gets worse quickly if it is not treated. At age 79, Hilda was too frail for conventional chemotherapy, so her physician ordered a non-infusion oral therapy (venetoclax), which is recommended for elderly patients. Her insurance company denied coverage of this treatment, unaware that new data on AML in the elderly pointed to the treatment her physician had recommended. Over the course of more than two weeks, her physician spent hours on the phone with the insurance company—mostly on hold—waiting to justify Hilda’s treatment plan. By the time it was approved, Hilda had died of her disease.

#### **“Susan’s” Experience with Prior Authorization**

Susan has glioblastoma and was to start radiation therapy and oral chemotherapy (temozolomide). Concurrent administration of radiation and chemotherapy has been shown to be essential in managing this type of brain cancer. Delays in prior authorization caused her to miss 5 days of chemotherapy. This frustration added to the extreme anxiety and stress of her family, as this mother of two was already dealing with the loss of her spouse.

The *Improving Seniors’ Timely Access to Care Act* (H.R. 3173/S. 3018) is led by Reps. Suzan DelBene (D-WA-1), Mike Kelly (R-PA-16), Ami Bera, MD (D-CA-7), and Larry Bucshon, MD (R-IN-8) in the House and Sens. Roger Marshall (R-KS), Krysten Sinema (D-AZ), John Thune (R-SD), and Sherrod Brown (D-OH) in the Senate. This broadly supported, bipartisan bill protects patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program by:

**Creating an electronic prior authorization process** to eliminate inefficient communication methods that are currently used, like facsimile, and provide real-time decisions for items and services that are routinely approved,

**Holding plans accountable** for the timeliness of determinations and requiring rationale for denials,

**Improving transparency** by requiring plans to report to CMS on the extent of their prior authorization use, and the rate of approvals and denials, and

**Prohibiting additional prior authorization for medically-necessary services** performed during an invasive procedure that already received or did not initially require prior authorization.

**ASCO urges Congress to pass the *Improving Seniors’ Timely Access to Care Act* (H.R. 3173/S. 3018) without delay to protect patient access to timely, appropriate care.**