AAOS
American Association of Orthopaedic Surgeons

PRIOR AUTHORIZATION REFORM

Prior authorization (PA) requirements are put in place by Medicare Advantage (MA) plans to help ensure high-quality, cost-effective care while preventing unnecessary utilization.

In reality, the current prior authorization system imposes excessive administrative burdens on medical practices through complex requirements and electronic health record maintenance, reducing physicians' time with patients and increasing operational costs. It also regularly delays or completely prevents patients from receiving necessary care and negatively interferes with the all-important doctor-patient relationship.

In April 2022, the HHS Office of Inspector General released a report finding that each year tens of thousands of people enrolled in MA plans are denied necessary care that should be covered under the program. The report included dozens of individual examples of improper denials for orthopaedic patients, including wrongful denials of MRIs, shoulder and knee x-rays, inpatient admission, rehab admission, durable medical equipment, and follow-up visits.

The Improving Seniors' Timely Access to Care Act (H.R. 3514/S. 1816)

The Improving Seniors' Timely Access to Care Act would prioritize patient care over paperwork by modernizing the prior authorization process in Medicare Advantage:

- mandate electronic prior authorization for MA plans
- standardize clinical documentation requirements
- increase transparency around MA prior authorization practices
- establish clear timeframes for PA decisions

The bill has bipartisan support from 303 Representatives and 71 Senators. It codifies key provisions of CMS's January 2024 Interoperability and Prior Authorization rule (CMS-0057-F) and received a zero-dollar score from the CBO.

WHAT CONGRESS SHOULD DO

AAOS urges you to tell House and Senate leadership to pass the Improving Seniors' Timely Access to Care Act (H.R. 3514/S. 1816).

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