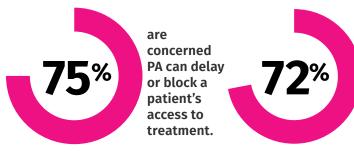
Patients and Providers Oppose Prior Authorization

New polling shows that patients and healthcare providers across the country oppose prior authorization policies imposed by health insurance companies and pharmacy benefit managers.

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Prior authorization (n.) – a harmful utilization management practice that requires doctors to obtain specific approval from health insurers before they can prescribe a treatment to their patients. This time-consuming process requires health care providers to take valuable time away from patients and can lead to negative health outcomes.

A nationwide survey conducted by Lake Research Partners and the Tarrance Group measured **healthcare consumers'** attitudes toward the impacts of prior authorization on patients.



said they are concerned that such policies can override doctors' recommendations by allowing insurance companies to control treatment decisions. 71% are worried PA will increase patient costs.

4%

In addition to the results above, more than seven in ten respondents expressed concern about ALL possible impacts of prior authorization policies, including:



Prior authorization can cause disease progression through ineffective treatment substitutes



Prior authorization delays relief from treatment by requiring patients to try less effective treatments



Prior authorization can require patients to substitute less effective or ineffective treatments for what their doctor prescribed



Filing and following up on prior authorizations takes doctor and staff time away from taking care of patients

Nearly two thirds of people, including strong majorities across demographic groups and political affiliation, agree that prior authorization reforms are needed and should be a priority for elected officials. And they broadly support proposals to regulate harmful prior authorization practices:

APPROVED	Require insurance companies to provide all FDA-approved medications and cover care when a doctor prescribes it	79 %
\mathbf{O}	Require that insurance companies respond to PA requests within a specific time period – for example, within 24 hours for urgent care needs	80%
	Require insurance companies to make information related to prior authorization requirements readily available and accessible to doctors and patients	80%
	Require insurance companies to adopt electronic prior authorization processes that would streamline the process for doctors and patients	77%

Related research conducted by Xcenda asked **rheumatology providers** about their experiences with prior authorization policies. Across several states, doctors and staff expressed frustration with delays related to prior authorization requests due to insurer and PBM requirements.

say PA decisions are delayed sometimes or most of the time.



The actual delay time for PA decisions is often lengthier than expected, and in nearly half of cases, PA requests are denied and must go through an appeals process. These delays directly impact patient health and burden doctors and staff with additional paperwork, phone calls, and more.

Impact of delayed PAs on patients

Need to resubmit authorization paperwork

Delayed treatment decision for patient due to wait time on PA decisions

Delayed treatment causes medical complications in patient's condition



STEP THERAPY: In the majority of requests, payers require proof that the patient has failed on a medicine or treatment before the payer will consider the request

The data is clear. Majorities of patients and providers alike believe that prior authorization requirements create unnecessary and harmful delays. Respondents in both the nationwide survey and the rheumatology-specific polling support reforms to streamline prior authorizations processes.

About Let My Doctors Decide

Let My Doctors Decide is a national partnership – convened by the Autoimmune Association in 2017 – of leaders across health care working in support of a simple goal: treatment decisions should always be made by patients and trusted health care professionals, not insurance companies or pharmacy benefit managers. Founded in 2017, Let My Doctors Decide (LMDD) brings together patients, providers, and advocates – especially those from the autoimmune disease community – to raise awareness about affordability and access issues. Learn more at www.letmydoctorsdecide.org.

About the Autoimmune Association

For over 30 years, the Autoimmune Association has been a pioneer in serving autoimmune patients sponsoring research, advocating for access to healthcare, and fostering collaboration to identify and explore the common threads that link autoimmune diseases. Established through the remarkable determination of Founder Virginia T. Ladd, the Autoimmune Association has transformed into an internationally recognized leader, reaching over 60 countries worldwide. To mark its 30-year legacy and global impact on the autoimmune community, the name of the organization was changed from its original name, the American Autoimmune Related Diseases Association (AARDA). Learn more at: www.autoin nune.org