

Improve Prior Authorization & Support Access to Care

What is Prior Authorization?

When it began decades ago, prior authorization was used sparingly by insurers to determine whether costly medical procedures or medications were needed.

Today, for many insurers, prior authorization has deteriorated into a system that requires healthcare providers to get approval to prescribe even the most routine medications and procedures. It's often even required for medications that a patient has been using for years to manage an illness, including chemotherapy medications, in a situation when timely treatment is critical.

The process often leads to delays in patient treatment, administrative burdens for healthcare providers, and can prevent patients from receiving necessary care due to lengthy approval processes or denials.

A survey of physicians, conducted in 2023 by the American Medical Association, found that:

- On average, practices complete 45 prior authorization requests per physician per week.
- Physicians and their staff spend an average of 14 hours—almost two business days—completing those requests each week.
- 64% report that it is difficult to determine whether a prescription medication requires prior authorization.
- 92% report authorizations result in care delays – a barrier to providing timely patient care.
- 33% report the process led to a serious adverse event for a patient in their care.
- 80% report the process can lead to treatment abandonment.
- 62% report the process led to additional office visits.
- 80% report that the number of prior authorizations required for prescription medications and medical services has risen over the last five years.
- 58% report that prior authorization impacts the workforce by affecting the patient's job performance.

Prioritizing Patient Health Outcomes

The Solution

According to a National Conference of State Legislatures database, 23 states enacted more than 43 bills related to prior authorization in the last few years, with 18 enacted in 2024 alone. North Dakota can prioritize patient health outcomes by:

- Provide uniformity by standardizing “prior authorization” and “medical necessity” definitions.
- Allow a prior authorized maintenance drug to be valid for one year or at least until the last day of coverage; and cover any dosage change during the authorization period.
- For insurers to post prior authorization procedures on their website and maintain a complete list of services for which prior authorization is required.
- Require licensed physicians, pharmacists, and dentists with experience treating the condition in question to review prior authorization requests.
- For urgent healthcare services, require a 72-hour response time; non-urgent would require a seven calendar-day response.



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