Prior Authorization

The National Association of Spine Specialists (NASS) supports opportunities to improve the prior authorization process to ensure safe, timely, and affordable access to care for patients. The current prior authorization process can be burdensome for patients, providers, and insurance plans and we seek to improve the process.

ONGOING CONCERNS: Prior authorization can create significant barriers for patients by delaying the start or continuation of necessary treatment and negatively affecting patient health outcomes. In addition, utilization management processes can be very time-consuming and administratively burdensome to providers, diverting time and resources away from direct patient care.

STAKEHOLDER PRINCIPLES AND CONSENSUS: NASS joined the American Medical Association and other patient and provider organizations in supporting Prior Authorization and Utilization Management Reform Principles and urges that health plans adhere to these principles to ensure patients have timely access to treatment and reduce administrative costs to the health care system. In addition, NASS supports the Consensus Statement on Improving the Prior Authorization Process which identifies opportunities for improvement in prior authorization programs and processes that was agreed to by key organizations representing health care providers and health plans.

LEGISLATIVE RESPONSE: NASS supports the Improving Seniors’ Timely Access to Care Act (H.R. 3107) which would streamline prior authorization in the Medicare Advantage (MA) program. H.R. 3107 was introduced by Representatives Suzan DelBene (D-WA), Mike Kelly (R-PA), Roger Marshall, MD (R-KS), and Ami Bera, MD (D-CA).

To increase transparency and accountability, and to reduce the burdens of prior authorization, the Improving Seniors’ Timely Access to Care Act 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.