Reducing Administrative Burden and Improving Patient Access

We urge Congress to eliminate burdensome administrative hurdles that limit patient access to timely care by passing the Safe Step Act (S. 652 / H.R. 2630) and reintroducing the Improving Seniors’ Timely Access to Care Act.

The AAO-HNS believes that Congress can, and should, pass legislation to eliminate the various administrative hurdles that interfere with the doctor-patient relationship and limit patients’ access to care. Physicians are overburdened by administrative functions at the point of care and after patient care hours – which is further compounded by the lack of harmonization in these functions across public and private payers. Physicians report that prior authorization and step therapy requirements are continually increasing, hindering their ability to provide the best quality care to patients, and putting financial strain on practices.

The volume of administrative tasks imposed on physicians represents the most immediate threat to the delivery of high-quality, timely care to patients, as well as exacerbating physician burnout.

Modernizing Step Therapy Protocols

Health insurance companies and pharmacy benefit managers (PBMs) frequently employ step therapy protocols, which require patients to try and fail a lower-cost drug before approval and coverage of the original medication recommended by the patient’s physician. These protocols inherently focus on insurer and PBM profits first — instead of what is best for patients.

Medication step-therapy protocols, and more broadly utilization management programs, can create significant barriers for patients by delaying the start or continuation of necessary medical treatment, negatively affecting patient health outcomes.

Step therapy results in chronically ill patients having to pay more out of pocket, leading to increased rates of nonadherence as compared to those not experiencing step therapy.

In the 118th Congress, lawmakers in the U.S. Senate and House of Representatives reintroduced bipartisan legislation to reform step therapy protocols and put patients’ needs first. The AAO-HNS, along with over 60 medical organizations, endorsed the Safe Step Act (S. 652 / H.R. 2630), which would reform these policies by creating an expedient and medically reasonable step therapy exceptions process. This will help eliminate delays patients may experience in obtaining necessary care or treatment, reduce wasteful spending and ease physicians’ administrative burden.
Reforming Prior Authorization to Improve Patient Access to Care

Prior authorization is a process created by health insurance companies that requires physicians to obtain approval before providing care to patients for covered services. This burdensome process increases the time for physicians to diagnose and treat their patients — delaying access to care and potentially putting patient health at risk. A recent survey from the American Medical Association found that that physicians complete an average of 41 prior authorizations each week and spend an average of two business days on these processes.

In the 117th Congress, the AAO-HNS and over 500 healthcare organizations endorsed the bipartisan Improving Seniors’ Timely Access to Care Act, which would have provided critical reforms to the prior authorization process under the Medicare Advantage program.

Specifically, the bill would have required that insurers provide:

- more transparency on the list of treatments that are subject to prior authorization requirements;
- the average time these approvals take; and
- the extent to which these approvals are accepted and denied.

Last year, the bill passed with 326 cosponsors in the U.S. House of Representatives and garnered the support of 52 cosponsors in the U.S. Senate. The AAO-HNS is advocating for reintroduction and passage of this much-needed legislation to protect patients’ access to care and help relieve physicians’ administrative burden.