American Medical Association House of Delegates

Resolution: 704 (A-19)

Introduced by: Delaware

Subject: Prior Authorization Reform

Referred to: Reference Committee G
(Rodney Trytko, MD, Chair)

Whereas, In February 2019 the AMA released results of its 2018 Prior Authorization Physician Survey showing that 28 percent of physicians indicated the prior authorization process required by health insurers has led to serious or life-threatening events for their patients; and

Whereas, 91 percent of the physicians responding to the AMA prior authorization survey indicated the prior authorization process delays patient access to necessary care; and

Whereas, 88 percent of the respondents to the AMA prior authorization survey believe burdens associated with prior authorization have increased during the past five years; and

Whereas, The AMA prior authorization survey illustrates that prior authorization programs and processes are costly, inefficient, and pose obstacles to patient-centered care; and

Whereas, The current prior authorization process is in need of reform so patients receive timely access to evidence-based care; and

Whereas, The prior authorization process in Delaware mirrors the challenges reflected in the 2018 AMA Prior Authorization Physician Survey; and

Whereas, The Medical Society of Delaware (MSD) is leading a groundbreaking initiative to utilize emerging technology to reduce the arduous process of prior authorization, improve access to care for patients, and reduce unnecessary health care spending; and

Whereas, MSD is now prepared to launch a pilot program in the State of Delaware designed to test and validate such new technology; and

Whereas, Our American Medical Association, a national medical association, is best positioned to drive reform and improvement of the prior authorization process; therefore be it

Resolved, That our American Medical Association explore emerging technologies to automate the prior authorization process for medical services and evaluate their efficiency and scalability, while advocating for reduction in the overall volume of prior authorization requirements to ensure timely access to medically necessary care for patients and reduce practice administrative burdens. (Directive to Take Action)

Fiscal Note: Not yet determined

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