

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 2  
(I-24)

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Subject: Promoting Medication Continuity and Reducing Prior Authorization  
Burdens

Referred to: YPS Reference Committee

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1 Whereas, patients who have lost their primary care physician or experienced gaps in health  
2 insurance coverage face increased prior authorization burdens, often leading to disruptions in  
3 their medication regimens, which can result in adverse health outcomes and increased  
4 healthcare costs<sup>1,2</sup>; and

5  
6 Whereas, research shows that patients who experience disruptions in health insurance  
7 coverage are significantly less likely to receive preventive services, more likely to forgo needed  
8 care due to cost, and have higher rates of medication non-adherence, with those experiencing  
9 longer coverage disruptions facing even worse outcomes in care access, receipt, and  
10 affordability<sup>3</sup>; and

11  
12 Whereas, uninsured individuals with limited access to affordable care and medications often  
13 resort to emergency departments and urgent care facilities for manageable conditions, leading  
14 to preventable utilization of these high-cost services and straining healthcare resources<sup>1</sup>; and

15  
16 Whereas, the process of re-obtaining prior authorizations for previously approved medications  
17 can be time-consuming and burdensome for both patients and physicians, potentially delaying  
18 necessary treatment; and

19  
20 Whereas, early career physicians, who typically change employers within two years<sup>4</sup> of  
21 completing their training, are at higher risk of experiencing personal gaps in health insurance  
22 coverage and medication access and

23  
24 Whereas, prior authorization requirements impose substantial administrative burdens on  
25 physicians, diverting time away from direct patient care, increasing practice costs, significantly  
26 contributing to physician burnout, and undermining the financial stability of physician practices  
27 already struggling with declining Medicare reimbursements<sup>5</sup>; and

28 Whereas, research shows that disruptions in health insurance coverage continue to negatively  
29 impact access to care for more than a year after coverage is regained, suggesting that  
30 improving healthcare access requires not only helping uninsured individuals gain coverage, but  
31 also strengthening coverage continuity for those who are already insured<sup>6</sup>; and  
32

33 Whereas, streamlining the prior authorization process for previously approved medications  
34 could significantly reduce administrative burdens on physicians, strengthen coverage continuity  
35 for those re-insured, and improve patient care; therefore be it  
36

37 RESOLVED, that our American Medical Association advocate for state and federal legislation or  
38 regulations requiring health insurance companies to honor prior authorizations for medications  
39 for up to 12 months when patients switch between insurance plans or experience coverage  
40 gaps (Directive to Take Action); and be it further  
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42 RESOLVED, that our AMA collaborates with relevant stakeholders to develop and promote best  
43 practices for implementing medication continuity policies across different insurance plans and  
44 healthcare systems (Directive to Take Action)

Fiscal Note: (Assigned by HOD)

Received:

#### REFERENCES

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2. Kirby JB, Nogueira L, Zhao J, Yabroff KR. Do Disruptions in Health Insurance Continue to Affect Access to Care Even After Coverage Is Regained? *J Gen Intern Med.* 2021;36(12):3803-3805. doi:10.1007/s11606-021-06746-0
3. Yabroff KR, Zhao J, Halpern MT, Fedewa SA, Han X, Nogueira LM, Zheng Z, Jemal A. Health Insurance Disruptions and Care Access and Affordability in the U.S. *Am J Prev Med.* 2021 Jul;61(1):3-12. doi: 10.1016/j.amepre.2021.02.014. Epub 2021 May 24. PMID: 34148626.
4. Medical Group Management Association. "Early Career Physician Recruiting Playbook." 2023. <https://www.jacksonphysiciansearch.com/white-papers/white-paper-early-career-physician-recruiting-and-retention-playbook/> Accessed 23 Sept 2024.
5. American Medical Association. 2021 AMA prior authorization (PA) physician survey. Accessed 9/23/24. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>
6. Yabroff KR, Zhao J, Halpern MT, et al. Health insurance disruptions and care access and affordability in the u. S. *Am J Prev Med.* 2021;61(1):3-12.

#### RELEVANT AMA POLICY

##### **Economics of Prescription Medication Prior Authorization H-120.916**

Our American Medical Association supports working with payers and interested parties to ensure that prior authorization denial letters include at a minimum:

- a. a detailed explanation of the denial reasoning;
- b. a copy of or publicly accessible link to any plan policy or coverage rules cited or used as part of the denial; and

- c. what rationale or additional documentation would need to be provided to approve the original prescription and alternative options to the denied medication.  
[CMS Rep. 06, A-24]

#### **Insurer Accountability When Prior Authorization Harms Patients D-320.974**

1. Our American Medical Association advocates for increased legal accountability of insurers and other payers when delay or denial of prior authorization leads to patient harm, including but not limited to the prohibition of mandatory pre-dispute arbitration regarding prior authorization determinations and limitation on class action clauses in beneficiary contracts.
2. Our American Medical Association advocates that low-cost noninvasive procedures that meet existing standard Medicare guidelines should not require prior authorization.
3. Our AMA supports that physicians be allowed to bill insurance companies for all full time employee hours required to obtain prior authorization.
4. Our AMA supports that patients be allowed to sue insurance carriers which preclude any and all clauses in signed contracts should there be an adverse outcome as a result of an inordinate delay in care.  
[Res. 711, A-24]

#### **Prior Authorization and Utilization Management Reform H-320.939**

1. Our American Medical Association will continue its widespread prior authorization (PA) advocacy and outreach, including promotion and/or adoption of the Prior Authorization and Utilization Management Reform Principles, AMA model legislation, Prior Authorization Physician Survey and other PA research, and the AMA Prior Authorization Toolkit, which is aimed at reducing PA administrative burdens and improving patient access to care.
2. Our AMA will oppose health plan determinations on physician appeals based solely on medical coding and advocate for such decisions to be based on the direct review of a physician of the same medical specialty/subspecialty as the prescribing/ordering physician.
3. Our AMA supports efforts to track and quantify the impact of health plans' prior authorization and utilization management processes on patient access to necessary care and patient clinical outcomes, including the extent to which these processes contribute to patient harm.
4. Our AMA will advocate for health plans to minimize the burden on patients, physicians, and medical centers when updates must be made to previously approved and/or pending prior authorization requests.

[CMS Rep. 08, A-17; Reaffirmation: I-17; Reaffirmed: Res. 711, A-18; Appended: Res. 812, I-18; Reaffirmed in lieu of: Res. 713, A-19; Reaffirmed: CMS Rep. 05, A-19; Reaffirmed: Res. 811, I-19; Reaffirmed: CMS Rep. 4, A-21; Appended: CMS Rep. 5, A-21; Reaffirmation: A-22]

#### **Opposition to Prescription Prior Approval D-125.992**

Our American Medical Association will urge public and private payers who use prior authorization programs for prescription drugs to minimize administrative burdens on prescribing physicians.

[Sub. Res. 529, A-05; Reaffirmation A-06; Reaffirmation A-08; Reaffirmed in lieu of Res. 822, I-11; Reaffirmed: CMS Rep. 1, A-21; Reaffirmation: A-22]