

California Medical Association Supports Timely Access to Care Act

New legislation would reduce health care bureaucracy and delays for patients

The CMA is proud to support the introduction of “The Improving Seniors’ Timely Access to Care Act of 2019” introduced by California physician Congressman Ami Bera, MD and Representatives Mike Kelly (R-PA), Suzan DelBene (D-WA), and Roger Marshall, MD (R-KS).

The bill will streamline health care bureaucracy to allow Medicare patients to receive more timely access to care and help relieve physicians of unnecessary, costly and time-consuming administrative tasks.

“Prior authorization has become the bane of both physicians and patients, said David Aizuss, M.D., president of the California Medical Association. “It has significantly increased the administrative burdens on physician practices and the delays and denials in treatment have resulted in adverse health care outcomes for our patients. We applaud Congressman Bera and his coauthors for addressing this serious problem and ensuring that Medicare seniors receive timely care.”

In a recent American Medical Association (AMA) [survey](#), 91% of physician respondents reported that prior authorizations (PA) have a negative impact on patient clinical outcomes. Over 90% said that PA delays patient access to necessary care; 75% report that PA can lead to patients abandoning a recommended course of treatment; and 28% report that PA led to a serious adverse event such as death or disability. 86% of physicians report that the burdens associated with PA are high or extremely high, with physicians and their staff spending the equivalent of two business days each week completing PA requests. In a survey of patients through the Doctor-Patient Rights Project (2017), respondents whose payer denied coverage of a prescribed treatment reported their median wait time to seek approval and be denied was greater than one month. Nearly one-third (28%) said that the approval process took three months or longer. And another third reported a worsening of their condition while waiting for a PA request.

To protect patients, this legislation would require timely prior authorization determinations, particularly for services that are routinely approved. It would also increase plan transparency around its prior authorization processes, including the procedures subject to prior authorization, the percent of procedures that are approved, and how long it takes to obtain a decision. It will also ensure prior authorization adheres to evidence-based clinical guidelines. And finally, it would mandate electronic prior authorization which would reduce physician administrative burdens and costs.