

## AUA Applauds Lawmakers for Supporting Improvements to Prior Authorization

BALTIMORE, Oct. 19, 2018 /PRNewswire/ -- The American Urological Association (AUA) applauds the 103 members of the U.S. House of Representatives who signed a letter to Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma supporting improvements to prior authorization requirements under Medicare Advantage (MA) plans. Reps. Phil Roe, MD (R-TN-1) and Ami Bera, MD (D-CA-7) spearheaded the bipartisan letter, was supported by 101 members of the House, including 55 Republicans and 48 Democrats.

The letter urges CMS to:

- Issue guidance to Medicare Advantage plans to dissuade the widespread use of prior authorization and to provide direction to the health plans to increase transparency, streamline prior authorization, and minimize the impact on patients;
- Ensure that these requirements do not create inappropriate barriers to care for Medicare patients;
- Collect data on the scope of prior authorization practices — including denial, delay and approval rates; and
- Submit a report describing CMS oversight of prior authorization policies in MA plans, including the use of prior authorization for Part A and Part B services as well as audit protocols.

As part of its work with the Regulatory Relief Coalition (RRC), the AUA has actively engaged members of Congress on this issue, urging lawmakers to address the impact that prior authorization has on MA plans. During the multi-month campaign, the AUA directly communicated with more than 80 different Congressional offices either by a face-to-face meeting or through a separate, individual AUA correspondence.

"Overly burdensome prior authorization requirements can cause significant barriers to patients receiving the care they need in a timely manner and this can have dramatic impacts on vulnerable patient populations like the elderly," said AUA Public Policy Council Chair Chris Gonzalez, MD, MBA. "We applaud lawmakers for supporting further review of prior authorization and how it is being implemented by Medicare Advantage plans."

Prior authorization is a process used by insurance companies or third-party payers before they agree to cover prescribed medications or medical procedures. Insurance providers require prior authorization for reasons such as age, medical necessity, the availability of a generic alternative, or checking for drug interactions. A failed authorization can result in a requested service being denied, or an insurance company requiring the patient to go additional steps. The process can require a patient to try medication or a service preferred by the insurance provider, typically considered either more cost effective or safer, before the insurance company will cover a different service.

**NOTE TO REPORTERS: Expert spokespeople are available to discuss this story. Please contact the Communications Office at 410-689-3932 for more information or to arrange an interview.**

***About the American Urological Association:*** *Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.*

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