

Prior authorizations frequently impose overwhelming administrative burdens that cause unnecessary delays in needed care for patients including prescriptions, tests or procedures lead to needless anxiety for patients already stressed by uncertainty regarding their condition.

A study in the *Annals of Internal Medicine* found that for every hour a physician spends directly with a patient, they spend two more hours on administrative tasks, including electronic health record (EHR) and desk work. Moreover, the most recent survey of physicians by the American Medical Association (AMA) reported that 93% of responding physicians said that the prior authorization process delayed patient access to necessary care. Finally, in a survey by MSSNY of its members this spring, nearly 80% said the number of prior authorizations required for medical services had increased significantly over the last five years and 1 in 3 of respondents said that prior authorization had caused serious adverse events for patients.



The Solution

Governor Hochul’s proposal for reforming the prior authorization process in the final state budget for FY2026-27 takes several steps forward in helping patients, and we applaud the Senate and Assembly for also including proposals in their one house budget bills. These proposals will help to streamline the prior authorization process and reduce barriers experienced by patients, and their physicians, by doing the following:



- Require health plan formularies be publicly available and easily accessible.
- Require health plans to provide longer authorization of treatment for duration for chronic condition treatment.
- Require additional “continuity of care” coverage protections after physician leaves health plan.
- Require health plan to publicly disclose reasons for prior authorization denials.



Patients with chronic conditions have complex medical needs, and their health depends on following strict treatment regimens. Timely access to treatment and medications is critical to maintaining these regimens. **Prior Authorization requirements** may increase their risk of lapsing treatment or exacerbating progression of their disease because of these delays and can have a negative effect on their lives and health outcomes. Additionally, all patients need to know they’ll receive treatment in a timely manner and that their care and treatment will continue to be covered by their insurance plan. **We strongly urge the Governor, Senate and Assembly to agree to prior authorization reform, including provisions from A.3789 (Weprin, D-Queens), to ensure patient access and ease administrative burdens for physicians, in their final budget for FY2026-27.**

What Physicians Are Saying About Prior Authorization

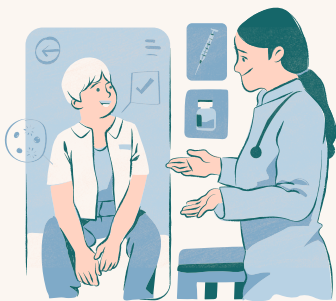


“It has become ridiculous that as an Endocrinologist I have to justify the medications that I am choosing for my patients.”

“Every other medication now requires Prior Authorization I have dedicated staff to keep up with this.”



“Prior auth is completely out of control. Having to switch inhalers or BP meds annually is a potentially dangerous waste of time. We're required to do prior auth for meds less than \$30/month, or life sustaining ones such as buprenorphine.”



“PA's are time consuming. I am frustrated that each insurance has their own individual formulary, drug preferences and hoops to jump through to provide care. It's no wonder so many doctors are leaving practice!!!”

To learn more about prior authorization and its impact on patients and physician, please contact: Zina Cary, VP of Legislative Affairs at MSSNY at zcary@mssny.org.