



September 20, 2022

Via Electronic Communication

Chairman Vincent C. Gray
Committee on Health
Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Re: Letter in Support of B24-0655, the Prior Authorization Reform Act.

Dear Chairman Gray and Council Members:

Aimed Alliance is a 501(c)(3) non-profit health policy organization that seeks to protect and enhance the rights of health care consumers and providers. Aimed Alliance supports the passage of B24-0655, which would prohibit insurers from requiring prior authorizations for a treatment based solely on cost; create timelines for insurers to respond to prior authorization requests and appeals; and establish parameters for who can be considered a utilization review entity. We believe these reforms would alleviate burdens on health care providers and protect patients from adverse health events resulting from delays in access to medically necessary treatments.

Prior authorization policies require a health care provider or a health plan enrollee to first obtain approval from the insurer or its pharmacy benefit manager before the plan will cover the cost of a treatment or service. Seeking prior authorization can take weeks, or even months, often leaving the patient to continue to experience symptoms without relief. As of 2022, nearly forty states have passed legislation or adopted regulations to address health insurers' use of prior authorization requirements. If passed, B24-0655 would bring Washington, D.C. in line with those jurisdictions.¹

Requiring patients and providers to seek prior authorization for certain medications, medical procedures, or other medical care can cause unnecessary harm to a patient's health. For instance, a 2021 survey found 91 percent of physicians reported that prior authorization has a negative impact on their patients' clinical outcomes.² In the same survey, 34 percent of physicians reported that prior authorization requirements have caused patients to experience serious adverse events, including hospitalizations, life-threatening events, interventions to prevent permanent damage or impairment, and death.³

In addition to the physical toll prior authorizations can have on patients, prior authorization policies can create hurdles for providers. When providers are required to spend hours completing prior authorization paperwork and navigating often unreasonable policies, they dedicate valuable time and resources that could otherwise be dedicated to treating patients. In

¹ Aimed Alliance, Prior Authorization – Enacted Laws, <https://aimedalliance.org/prior-authorization-enacted-laws/>.

² American Medical Association, 2021 AMA prior authorization (PA) physician survey, <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

³ American Medical Association, 2021 AMA prior authorization (PA) physician survey, <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>



fact, 88 percent of providers describe prior authorizations as a “high” or “extremely high” burden.⁴ These administrative burdens add additional stress to already exhausted providers who were asked to radically change their practices to respond to the COVID-19 pandemic. Ultimately, prior authorization reform by state and local governments can help alleviate unnecessary burdens on providers.

For the foregoing reasons, Aired Alliance supports B24-0655 and urges the Council of the District of Columbia to take immediate action to pass this legislation and protect patients and providers.

Sincerely,

Ashira Vantrees
Counsel

⁴ *Id.*