

Questions to Ask Your Health Plan about the Prior Authorization Pledge



Prior authorization is a burdensome process that prevents patients from receiving the timely care they need. In 2025, over 60 major health insurers—including UnitedHealthcare, Aetna, Cigna, Humana, Elevance Health, and Blue Cross Blue Shield Association plans—pledged to “streamline” the prior authorization process. Their commitments include reducing the number of treatments that require prior authorization, implementing a standardized electronic process, honoring existing approvals when patients change plans, and improving transparency within the system.

Insurers made similar pledges before, but they failed to follow through and deliver meaningful change. To learn more about how this 2025 pledge impacts you and your family’s coverage—and make sure health plans deliver on their promises—here are some questions you can ask your insurance company.

- Is my health insurance plan included in [this pledge](#)?
- If not, why did my plan choose not to commit to these important changes?
- What does this new pledge mean for me and my health coverage?
- Which treatments or procedures no longer require prior authorization?
- If I change health plans, what is the process for ensuring that my new plan honors an existing prior authorization approval for at least 90 days?
- Who will review my prior authorization request before it is denied?
- If my request is denied, where can I find information on how I can appeal?
- How will I be notified if my prior authorization is approved, delayed or denied?
- What should I do if I continue to face delays or denials despite this new pledge?
- Which services can I expect real-time approvals for beginning in 2027?
- Where can I find more information about how my health plan is living up to the commitments in the pledge?

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More tips, information, and resources about the insurer pledge and the current prior authorization system:

- [5 Takeaways from Health Insurers’ New Pledge to Improve Prior Authorization](#)
- [Health Plans are Making Voluntary Commitments to Support Patients and Providers](#)
- [Action Must Follow Pledges on Prior Authorization](#)
- [2024 AMA Prior Authorization Physician Survey](#)
- [2024 Prior Authorization State Law Chart](#)
- [Prior Authorization is a Barrier to Care](#)
- [Patients and Physicians Speak Out](#)