

Prior authorization (PA) is a health plan cost-control process that requires health care professionals to obtain advance approval from the health plan before a prescription medication or medical service qualifies for payment and can be delivered to the patient. While health plans and benefit managers contend PA programs are necessary to control costs, physicians and other providers find these programs to be time-consuming barriers to the delivery of necessary treatment.

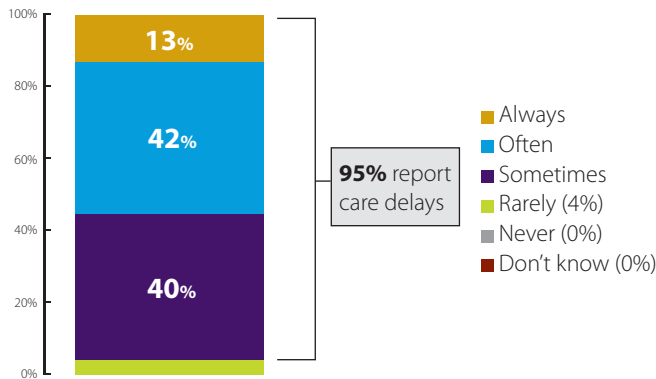
To assess the ongoing impact the PA process has on patients, physicians and overall health care spending, the American Medical Association annually conducts a nationwide survey of 1,000 practicing physicians (400 primary care/600 specialists) from a wide range of practice settings. As this year's findings again demonstrate, the PA process continues to have a devastating effect on patient outcomes and physician burnout. In addition, physicians report that PA can also lead to unnecessary health care spending.

In recent years, to mitigate the negative impact of PA, health plans have committed to making numerous changes to their PA programs. However, despite their promises, health plan PA programs continue to burden our health care system.

## Patient impact

### Care delays associated with PA

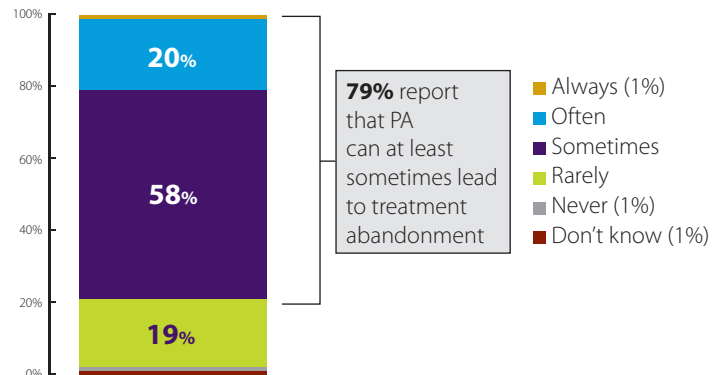
**Q:** For those patients whose treatment requires PA, how often does this process delay access to necessary care?



Percentages do not sum to 100% due to rounding.

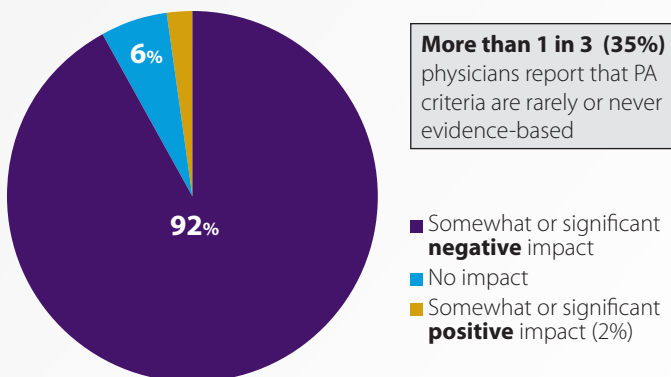
### Treatment abandonment due to PA

**Q:** How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?



### Impact of PA on clinical outcomes

**Q:** For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?



**More than 1 in 4 physicians (26%)** report that PA has led to a **serious adverse event** for a patient in their care.

**20%** of physicians report that PA has led to a patient's hospitalization

**22%** of physicians report that PA has led to a life-threatening event or required intervention to prevent permanent impairment or damage

**8%** of physicians report that PA has led to a patient's disability/permanent bodily damage, congenital anomaly/birth defect or death

## Burdens and costs

PA leads to substantial administrative burdens for physicians. It takes time away from direct patient care while costing practices money and significantly contributing to physician burnout. PA also adds significant costs to the entire health care system. For example, patients are often forced to try ineffective treatments and/or schedule additional office visits because of PA requirements and delays. These delays can lead patients to seek more expensive forms of care, including emergency room visits, and can even lead to unexpected hospitalizations.

On average, practices complete



**PAs per physician, per week**

Physicians and their staff spend



**each week** completing PAs



**40%**

of physicians have staff who work exclusively on PA

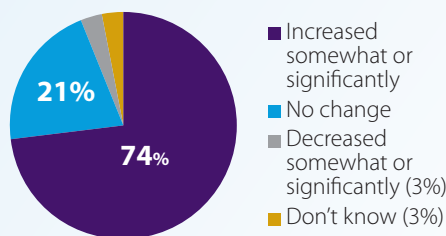
### PA denials

Nearly

**1 in 3 (32%)**

physicians report that PAs are **often or always** denied

**Q:** How has the number of PA denials changed over the last five years?



Percentages do not sum to 100% due to rounding.

**94%**

of physicians report that PA **somewhat or significantly** increases physician burnout

### PA appeals

**1 in 5 (21%)**

physicians report that they **always** appeal an adverse PA decision

#### Why don't physicians appeal?

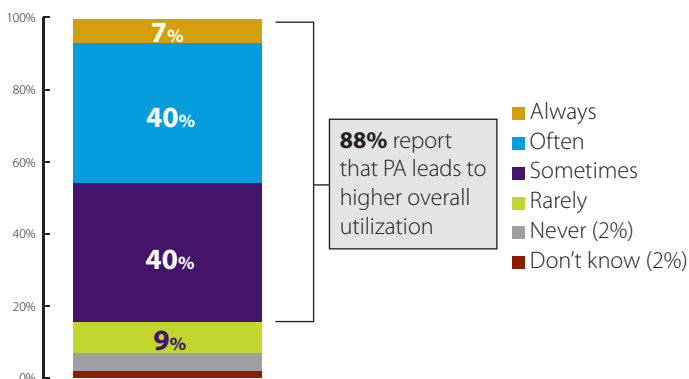
**59%** report that they do not believe the appeal will be successful based on past experience

**52%** report that they have insufficient practice staff resources/time

**49%** report that patient care cannot wait for the health plan to approve the PA

**60%** of physicians report that they are concerned that augmented intelligence (AI) increases/will increase PA denial rates.

**Q:** Please consider how your patients' utilization of health care resources is impacted by the PA process. In your experience, how often does the PA process lead to higher overall utilization of health care resources?



Percentages do not sum to 88% due to rounding.

**Q:** In which of the following ways has the PA process led to higher overall utilization of health care resources for patients in your care?

**75%** report ineffective initial treatment (e.g., due to step therapy requirements)

**73%** report additional office visits

**47%** report immediate care/ER visits

**32%** report hospitalizations

# Are insurers honoring their commitments?

## 2025 insurer pledge to improve PA

On June 23, 2025, over 60 health insurers pledged their commitment to voluntarily reform their PA programs to reduce PA burdens.<sup>1</sup> The pledge included six specific commitments (listed below) with staggered implementation deadlines.

### Effective June 2025

- Ensuring medical review of non-approved requests

### Effective Jan. 1, 2026

- Reducing the scope of claims subject to PA
- Ensuring continuity of care when patients change health plans
- Enhancing communication and transparency on determinations

### Effective Jan. 1, 2027

- Standardizing electronic PA
- Expanding real-time responses

## Low confidence in pledge



**Only 1 in 3 (33%)**

physicians believe it likely that the commitments in the insurer pledge will make a meaningful difference for patients and physicians.

Patients share physicians' concerns. According to a July 2025 KFF poll, **only 39% of consumers believe insurers will follow through** on this voluntary initiative in a way that makes a difference for patients.<sup>2</sup>

## Lack of appropriate clinical review

At the time of the insurer pledge, ensuring that PA denials based on medical necessity for clinical factors are reviewed by a licensed and qualified clinician was the lone commitment that was in effect; however:

**Only 1 in 4 (24%)**

physicians agree that health plan denials based on medical necessity for clinical factors are being reviewed by a licensed and qualified clinician.



**Only 16%**

of physicians participating in peer-to-peer reviews report that the health plan's "peer" often or always has the appropriate qualifications.



## Consensus Statement on Improving PA

Physicians and patients have reason to be pessimistic that insurers will stay true to their word. Insurers have failed to deliver on previous promises to improve the PA process. In January 2018, national organizations representing health care professionals and insurers agreed to the "Consensus Statement on Improving the Prior Authorization Process" (CS),<sup>3</sup> which contained many provisions that parallel the promises made in the June 2025 insurer pledge. Unfortunately, despite being released nearly eight years before this survey was fielded, physicians report that insurers have made little progress honoring their commitments as outlined in the CS.

Consensus statement commitments	What do the numbers say?
Selective application of PA based on provider performance	• <b>Only 5%</b> of physicians report contracting with health plans offering programs that exempt providers from PA (e.g., gold card programs).
PA program review and adjustment based on low variation in utilization or low PA denial rates	• A strong majority of physicians report that the number of PAs required for prescription medications* ( <b>84%</b> ) and medical services† ( <b>82%</b> ) has increased over the last five years.
Transparency and effective communication regarding PA between payers and providers	• A majority of physicians report that it is difficult to determine whether a prescription medication* ( <b>63%</b> ) or medical service† ( <b>62%</b> ) requires PA. • More than <b>one in four (27%)</b> physicians* report that the drug PA requirement information provided in their electronic health record (EHR)/e-prescribing system is rarely or never accurate.
Continuity of patient care protections to limit the negative impact of PA on stabilized patients	• An overwhelming majority ( <b>88%</b> ) of physicians report that PA interferes with continuity of care. • <b>Three in five (61%)</b> physicians report that PA at least sometimes destabilizes a patient whose condition was previously stabilized on a specific treatment plan.
Enhanced PA process automation to improve transparency and efficiency	• Physicians report <b>phone</b> as the most commonly used method for completing PAs for medical services. • <b>Only 24%</b> of physicians report that their EHR system offers electronic PA for prescription medications.

\* Only respondents who reported completing prescription medication PAs were presented with this question.

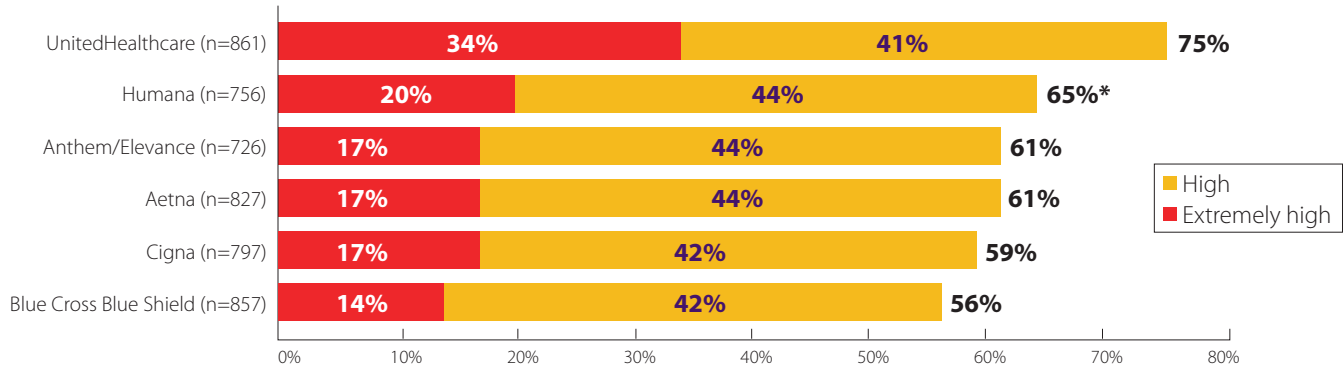
† Only respondents who reported completing medical services PAs were presented with this question.

## Insurer PA performance

### PA burdens by insurer

The impact of the June 2025 health insurer commitments has not yet materialized. Physicians currently report high PA burdens across all major national health insurers.

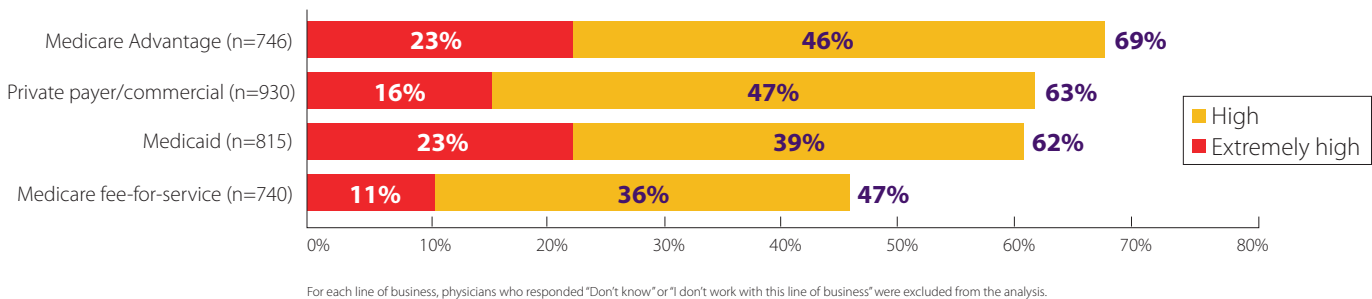
**Q:** How would you describe the burden associated with PA in your practice for the following health plans?



### PA burdens by lines of business

The negative burdens of PA vary by patient population.

**Q:** How would you describe the burden associated with PA in your practice for the following lines of business/patient populations?



### Survey methodology

- Forty-four question, web-based survey administered in December 2025.
- Sample of 1,000 practicing physicians drawn from Medscape panel.
- Forty percent primary care physicians/60% specialists.
- Sample screened to ensure that all participating physicians:
  - Are currently practicing in the United States
  - Provide 20+ hours of patient care per week
  - Complete PAs during a typical week of practice
- Complete survey questions can be found here <https://www.ama-assn.org/system/files/ama-prior-authorization-survey-question-list.pdf>

### References

1. "Improving Prior Authorization for Patients & Providers" available at: <https://www.ahip.org/news/press-releases/health-plans-take-action-to-simplify-prior-authorization>. Accessed on May 6, 2026.
2. "KFF Health Tracking Poll: Public Finds Prior Authorization Process Difficult to Manage" available at: <https://www.kff.org/patient-consumer-protections/kff-health-tracking-poll-public-finds-prior-authorization-process-difficult-to-manage/>. Accessed on May 6, 2026.
3. "Consensus Statement on Improving the Prior Authorization Process" available at: <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf>. Accessed on May 6, 2026.