

BACKGROUND

Prior authorization is a cumbersome process that requires physicians to obtain pre-approval for medical treatments or tests before rendering care to their patients. The process for obtaining this approval is lengthy and typically requires physicians or their staff to spend time negotiating with insurance companies — **time that would be better spent taking care of patients**.

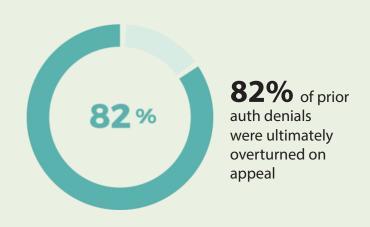
Radiation oncology and **cancer patients have been particularly hard hit** by this unnecessary burden and interference in care decisions. Radiation Oncology Benefit Managers (ROBMs) oversimplify the process of individual patient care management and abrogate the professional and personal judgments of physicians and patients.

Building off House-passed prior authorization reform legislation, major changes have been proposed for Medicare Advantage plans and commercial payers also are considering new processes. **Congress must ensure these reforms include radiation therapy services to prevent unnecessary delays and patient anxiety in cancer care**.

Prior authorization causes unnecessary and life-threatening treatment delays for cancer patients.



Average Delay in Radiation Therapy Due to Prior Authorization



ENSURE PATIENTS AND RADONCS MAKE CARE DECISIONS

NOT INSURANCE COMPANIES

- For cancer patients who receive RT, prior auth restrictions can delay care for days or weeks.
- Prior auth = treatment delay; treatment delay = increased cancer mortality.
- Prior auth restrictions are unproductive, impractical, and harmful to patients.
- Physicians often spend hours away from patients to argue with insurance staff, leading to wasted time and burnout.

HILL REQUEST

Please sign the DelBene/Kelly "Dear Colleague" letter circulating in the House by contacting Abe.Friedman@mail.house.gov (DelBene), or Sam.West@mail.house.gov (Kelly, PA).

To sign the "Dear Colleague" letter cirulating in the Senate, contact Charlotte Pineda@marshall.senate.gov, or Sarah Schmidt@thune.senate.gov.