

Fact Sheet: Prior Authorization

Background:

Prior Authorization is a process used by insurance companies that requires doctors to get approval before a patient can receive certain medications, treatments, or medical procedures. Doctors may need to provide extra paperwork or explain why a specific treatment is needed before care is approved. Insurance companies use prior authorization to help control healthcare costs, especially for newer or more expensive treatments.

In short, prior authorization was created to manage healthcare spending, but it can also create barriers for patients trying to access the care they need.

Prior Authorization can create harmful barriers for patients trying to access medications that best treat their conditions.

For many people living with chronic illnesses, timely access to medication and treatment is essential to maintaining their health and quality of life. When prior authorization works smoothly, patients can access needed care while insurance companies review costs responsibly. However, many patients experience delays, denials, and repeated approval requests that can interrupt treatment and create stress. Waiting for insurance approval can sometimes lead to worsening symptoms, loss of disease stability, missed work or school, and additional doctor visits. Patients may also feel frustrated when treatment decisions are based solely on cost concerns instead of their personal medical needs and experiences. For people who finally find a treatment that works, delays or disruptions can be especially harmful.



What can be done?

Patients and caregivers can share their experiences so policymakers and healthcare leaders better understand how prior authorization impacts real lives. Staying informed about prior authorization policies can help patients advocate for faster, fairer access to treatment. Connecting with AiArthritis is another way to stay engaged, share your story, and help ensure patient voices are included in healthcare policy discussions. Your experiences can help improve the patient experience and reduce medication barriers. We don't represent the patient voice, we are the patient voice!

In conclusion

Prior authorization was created to help manage healthcare costs and ensure treatments are reviewed before approval. While many people agree that healthcare spending should be responsible, patients should not lose access to timely care because of delays or insurance barriers that are not based on medical need. For many patients living with chronic illness, the current process can create treatment interruptions, worsening symptoms, and emotional stress. That is why patient and caregiver experiences are so important. Patients deserve a healthcare system that values timely access to treatment, listens to lived experiences, and puts patient health first.

Hear from our patients!

Scan the QR code to hear patient stories and learn about our policy priorities in our Knowledge=Empowerment classroom

