



# **NCOIL Prior Authorization Reform Model Act**

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**Emily Carroll  
Senior Attorney  
American Medical Association**

# **NCOIL Prior Authorization Reform Model Act:** ***Timely opportunity to address these problems***

- ✓ Transparency and integrity of clinical criteria
- ✓ Notice of new requirements
- ✓ Data and metric reporting
- ✓ Prohibition on retroactive denials
- ✓ Continuity of Care:
  - ✓ Grace periods for new enrollees
  - ✓ Prevent disruptions from changes in coverage or criteria
- ✓ Enforcement

# Opportunities to strengthen draft model act:

## Treatment delays

93% of physicians report care delays due to prior authorization

82% of physicians report treatment abandonment

29% report a serious adverse event



### Shorter response times

Section 7: 2 calendar days

Section 8: 24 hours for urgent care

States should not defer to longer response times federal government.

### Alignment with federal rules on automation

Section 6: Require standard transactions for electronic prior authorization (FHIR API/NCPDP SCRIPT)

# Opportunities to strengthen draft model act:

## Continuity of care

89% of physicians report interference with continuity of care

61% report that at least sometimes destabilizes a patient previously stabilized on a specific treatment plan



### Sections 13 and 14:

Prior authorization should be valid for at least a year or the length of treatment .

Prior authorization should never be repeated for the treatment of chronic conditions.

# Opportunities to strengthen draft model act: Inappropriate denials

75% of physicians say denials have increased

Patients who experienced claim denials: 26% significant treatment delays, 24% a decline in health, and 55% reported paying more for care than they had expected. (KFF survey)

16% of physicians participating in P2Ps report that the plan's "peer" often or always has the appropriate qualifications



## Section 10:

Only a physician licensed in the state, of the same specialty, and with experience treating the patient's condition should be able to make an initial adverse determination and a denial on appeal.

# Opportunities to strengthen draft model act:

## Access to meaningful data

Majority of physicians report that the number of prior authorizations required for medications (84%) and services (82%) has increased over last 5 years.

58% of physicians report that the number of generic medications that require prior authorization has increased over the last 5 years

61% of physicians report they are concerned that AI increases/will increase denials



### Sections 5(G) and 18

The data should be reported at the individual service/medication level to make it more useable and meaningful.

Thank you to the Health Insurance & Long Term Care Issues  
Committee for taking on this important issue.

Emily Carroll  
American Medical Association  
[Emily.carroll@ama-assn.org](mailto:Emily.carroll@ama-assn.org)  
312-464-4967