Patient experience with prior authorization

Poll conducted by Morning Consult on behalf of the PAN Foundation

May 2024
Methodology: This poll was conducted between May 13-15, 2024 among a sample of 2,200 adults. The interviews were conducted online and the data were weighted to approximate a target sample of adults based on age, gender, race, educational attainment, region, gender by age, and race by educational attainment. Results from the full survey have a margin of error of plus or minus 2 percentage points.
Experience with prior authorization
Half (48%) of insured adults say their health insurance plan has required prior authorization in the past year. Medicare Advantage plans (44%) are significantly more likely than traditional Medicare plans (27%) to require prior authorization.

As you may know, prior authorization is the process through which healthcare professionals and hospitals must obtain approval from your health insurance plan before prescribing medication or performing a particular treatment, procedure, or test.

To the best of your knowledge, in the past 12 months, how often has your health insurance plan required prior authorization to access your prescribed medication or medical treatment?

Among adults covered by health insurance

<table>
<thead>
<tr>
<th>Health Insurance Type</th>
<th>Never</th>
<th>1-2 times</th>
<th>3-5 times</th>
<th>6-8 times</th>
<th>9+ times</th>
<th>Don’t know/No opinion</th>
<th>% Experience Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Insured Adults</td>
<td>31%</td>
<td>27%</td>
<td>14%</td>
<td>4%</td>
<td>21%</td>
<td></td>
<td>48%</td>
</tr>
<tr>
<td>Traditional Medicare</td>
<td>51%</td>
<td>20%</td>
<td>9%</td>
<td></td>
<td>15%</td>
<td></td>
<td>27%</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>40%</td>
<td>29%</td>
<td>9%</td>
<td></td>
<td>15%</td>
<td></td>
<td>44%</td>
</tr>
<tr>
<td>Medicaid or other</td>
<td>28%</td>
<td>22%</td>
<td>15%</td>
<td>4%</td>
<td>29%</td>
<td></td>
<td>44%</td>
</tr>
<tr>
<td>government subsidized plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44%</td>
</tr>
<tr>
<td>Commercially Insured</td>
<td>24%</td>
<td>32%</td>
<td>17%</td>
<td>6%</td>
<td>4%</td>
<td>17%</td>
<td>59%</td>
</tr>
</tbody>
</table>

% experience prior authorization = 1-2 times + 3-5 times + 6-8 times + 9+ times
Two-thirds (67%) of adults say health insurance prior authorization requirements delayed their access to prescribed medication or medical treatment—most commonly up to two weeks (45%).

As you may know, prior authorizations can often delay the time in which a person receives prescribed medications, treatments, and other types of care. Approximately how many weeks did prior authorization requirements delay your access to your prescribed medication or medical treatment?

Among adults who have experienced prior authorization requirements (n=918; MOE: 3%)

- Less than a week: 23%
- 1-2 weeks: 22%
- 3-4 weeks: 14%
- 5-6 weeks: 4%
- More than 6 weeks: 4%
- I did not experience any delays: 30%

“Don’t know/Unsure” response option not displayed (4% of responses)
About one-fifth of adults say prior authorization requirements resulted in delayed access to their prescribed medication (22%), their prescribed medication changing (22%), or their prescribed medication or treatment being denied (18%).

Have you experienced any of the following as a direct result of your prescribed medication or medical treatment requiring prior authorization? Select all that apply.

Among adults who have experienced prior authorization requirements (n=918; MOE: 3%)

- Delay in access to my prescribed medication: 22%
- My healthcare professional had to change my prescribed medication: 22%
- My prescribed medication or treatment was denied: 18%
- My healthcare professional had to change my recommended treatment: 15%
- Delay in access to prescribed imaging (e.g., X-ray, CT, MRI, PET): 10%
- Delay in access to a medically necessary surgery: 8%
- I did not experience any of the above as a result of prior authorization: 41%
One-third of adults say prior authorization requirements caused them increased stress/anxiety (35%), while one-fifth say it caused them increased feelings of depression (18%). Seven percent say these requirements led to unplanned hospitalization.

How has the prior authorization process impacted your daily life, if at all? Select all that apply.

Among adults who have experienced prior authorization requirements (n=918; MOE: 3%)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased stress/anxiety</td>
<td>35%</td>
</tr>
<tr>
<td>Increased feelings of depression</td>
<td>18%</td>
</tr>
<tr>
<td>Decline in my overall quality of life</td>
<td>11%</td>
</tr>
<tr>
<td>Decline in my overall health</td>
<td>10%</td>
</tr>
<tr>
<td>Unplanned hospitalization</td>
<td>7%</td>
</tr>
<tr>
<td>None of these</td>
<td>45%</td>
</tr>
</tbody>
</table>
Appendix
Sample distribution—adults who have experienced health insurance prior authorization requirements in the past year

**Gender**

- Male: 51%
- Female: 49%

**Age**

- 18-34: 31%
- 35-44: 18%
- 45-64: 32%
- 65+: 20%

**Race/Ethnicity**

- White (Non-Hispanic): 61%
- Hispanic: 17%
- Black (Non-Hispanic): 12%
- Other (Non-Hispanic): 9%

**Region**

- Northeast: 19%
- Midwest: 20%
- South: 34%
- West: 27%

**Education**

- < College: 27%
- Bachelors degree: 58%
- Post-grad: 15%

**Income**

- Under 50k: 51%
- 50k-100k: 31%
- 100k+: 18%

**Community**

- Urban: 34%
- Suburban: 53%
- Rural: 14%

**Health Insurance Type**

- Traditional Medicare: 5%
- Medicare Advantage: 14%
- Medicaid/other govt. subsidized plan: 26%
- Commercially Insured: 53%

n=918; MOE: 3%