HB5051: Ban on Prior Authorizations for Insulin, Gender-Affirming Care and HIV/HCV Treatment & Prevention
State Representative Jennifer Ladisch Douglass

BACKGROUND: Prior Authorizations (PAs) are used by health insurers or payers to restrict access to prescribed medications by requiring patients to meet extra requirements to receive the medications prescribed by their doctor.

THE IMPACT:
- High rates of prior authorizations (PAs) could prevent HIV preexposure prophylaxis (PrEP) access and uptake in areas that have high rates of the disease, according to results of a study published in JAMA Network Open.
- According to a June 2023 KFF survey, 23% of insured adults who sought treatment or took prescription medication for diabetes experienced prior authorization problems in the past year, compared to 14% of other insured adults.
- In a 2020 study, Hepatitis (HCV) care teams overwhelmingly reported the PA process was the greatest obstacle delaying treatment initiation.

BY THE NUMBERS:
According to an American Medical Association (AMA) December 2022 survey,

86% of physicians reported that PA requirements led to greater use of health care resources, resulting in unnecessary waste.
64% of physicians reported resources were diverted to ineffective initial treatments due to prior authorization policies.
94% of physicians reported delays in accessing necessary care.
89% of physicians reported a negative impact on patient clinical outcomes.
80% of physicians reported patients abandoning treatment.

Simply put, PAs cause delays for patients resulting in negative clinical outcomes, cause medical provider burnout and increase administrative costs.

THE SOLUTION:
HB5051 will ban health insurers and Medicaid from utilizing prior authorizations on insulin, gender-affirming care/hormonal therapy and HIV/HCV treatment & prevention medications.

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