Issued date: 07/30/25

Deal Reached to Simplify Prior Authorizations

On June 23, 2025, Health and Human Services ("HHS") Secretary Robert F. Kennedy, Jr. and Centers for Medicare & Medicaid Services ("CMS") Administrator Dr. Mehmet Oz met with health insurers to discuss their pledge to streamline and improve the prior authorization processes.

Companies represented at the roundtable included Aetna, Inc., AHIP, Blue Cross Blue Shield Association, CareFirst BlueCross BlueShield, Centene Corporation, The Cigna Group, Elevance Health, GuideWell, Highmark Health, Humana, Inc., Kaiser Permanente, and UnitedHealthcare.

Participating health insurers have pledged to:

- Standardize electronic prior authorization submissions using Fast Healthcare Interoperability Resources (FHIR®)-based application programming interfaces.
- Reduce the volume of medical services subject to prior authorization by January 1, 2026.
- Honor existing authorizations during insurance transitions to ensure continuity of care.
- Enhance transparency and communication around authorization decisions and appeals.
- Expand real-time responses to minimize delays in care with real-time approvals for most requests by 2027.
- Ensure medical professionals review all clinical denials.

For patients, these commitments are intended to result in faster, more direct access to appropriate treatments and medical services with fewer challenges navigating the health system. For providers, these commitments are intended to streamline prior authorization workflows, allowing for a more efficient and transparent process overall, while ensuring evidence-based care for their patients.

Employer Action

This agreement between HHS and insurance companies is a pledge and, at this time, not related to any proposed or final rules around prior authorization processes. It remains to be seen how this will play out in practice, particularly in the commercial market.

No employer action is necessary.