

## Health insurers scale back prior approval requirements

It's health insurers' latest step in advancing commitments they made to the Trump administration to reduce barriers to care.

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Major health insurance companies are making good on their promises to the Trump administration to streamline patient access to care.

So far this year, leading health plans have eliminated 11 percent of prior authorization requirements across a range of medical services, meaning doctors no longer have to seek approval from insurers before providing the care, two industry groups said Tuesday. That represents about 6.5 million fewer prior authorizations for some commercial plans and Medicare Advantage plans. The private alternative to Medicare reduced prior authorizations by 15 percent, said the groups, AHIP and the Blue Cross Blue Shield Association, in a news release announcing the move.

"Health plans have taken important initial steps to support patients and are working toward the shared goal of delivering answers at the point of care whenever possible — a goal that will require both plans and providers to eliminate manual processes and adopt real-time electronic data sharing," AHIP President and CEO Mike Tuffin said in the release.

**Why it matters:** The announcement comes after major health insurers — including Aetna, Cigna and UnitedHealthcare — made voluntary, multi-year commitments to the Trump administration last June to simplify the prior authorization process. The practice has long been scrutinized by Congress, providers and patient groups who say the cost-control measure is administratively burdensome and creates unnecessary barriers to care for patients.

"Employers and employees want a fundamentally better health care experience, and these changes represent good first steps toward real-time prior authorization decisions," Shawn Gremminger, president and CEO of the employer group National Alliance of Healthcare Purchaser Coalitions, said in the news release.

Key context: Services no longer subject to prior authorization include "high-value" care like imaging, cardiology, otolaryngology and radiology. The groups said insurers are communicating better with patients on prior authorization decisions and have improved data-sharing processes to ensure patients don't have care disruptions when they switch insurers.

**What's next:** AHIP and BCBSA said health plans continue to make progress on other voluntary commitments related to prior authorization, including standardizing the

submission process and expanding real-time responses, which they plan to complete by Jan. 1, 2027.