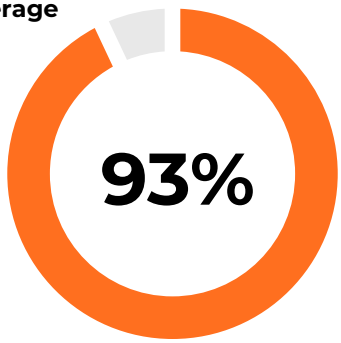
Inappropriate PBM and Insurer Utilization Management Practices Can Impede Patient Access to Quality Care

Health care practitioners sound the alarm on middlemen-imposed barriers to patient care, need for policy change according to recent polling.

Insurers & PBMs Complicate Coverage for Patients

Health care practitioners (HCPs) say the insurance system is purposely complex, driving unnecessary costs for the system, and patients agree.

- Large majorities of both **HCPs (91%) and insured Americans (77%) agree health insurers intentionally make coverage benefits complicated** to increase their bottom line.
- An overwhelming majority of **HCPs (93%) believe health care costs for patients would be lower if insurance companies and Pharmacy Benefit Managers (PBMs) spent less time managing how medicines should be prescribed.**



Middlemen Antics Can Impact Patient Care

HCPs and patients face challenges with inappropriate utilization management and other restrictions by insurers and their PBM that can impact patient care.

- **Half of Americans with insurance (49%) have experienced prior authorization**, an insurer tactic most HCPs (91%) say has caused delays to care that made them worry for their patients' health.
- **90% of HCPs have had to adjust their care plans** because of restrictions from insurance companies and/or PBMs.
- **Three-in-10 (30%) patients report skipping or avoiding needed care** because they fear it won't be covered by insurance, or they will face difficulty paying out-of-pocket.

What is Utilization Management?

When insurers and PBMs inappropriately use utilization management tools, like prior authorization and step therapy requirements, it can create significant barriers between patients and the medicines their doctors prescribe, which may prevent or delay access to medicines for patients. Patients with some of the most serious chronic diseases—autoimmune diseases, allergies and diabetes—and patients from communities of color are more likely to report experiences with these health plan barriers than other Americans who take prescription medicines.

It's Time for Congress to Hold Middlemen Accountable

With over 96% of HCPs supporting checks on insurance companies and PBMs – including passing on rebates so patients pay less out of pocket, the message is clear – policy reforms are needed that prevent insurers and middlemen from getting in the way of their patients' access to care.

Recent polling with Ipsos surveyed health care practitioners (including doctors and nurses) and patients to understand the challenges they face with the health care system. For more information on the HCP and patient experience, visit phrma.org/polling.

The survey was conducted online January 7-14, 2025 among a nationally representative sample of 1,702 U.S. adults, using Ipsos' KnowledgePanel®. A companion survey, conducted online January 8-10, 2025, polled 408 health care practitioners working in the health care sector – primarily doctors and nurses – and spending at least 25% of their time with patients.