

Coalition of Provider and Patient Groups Urges Reforms on the Use of Prior Authorization for Therapy Services



The policy framework outlines guardrails and reforms to reduce delays, administrative burden, and disruptions to medically necessary therapy services.

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ALEXANDRIA, VA. — The American Physical Therapy Association and a broad coalition of national health care organizations are urging reforms to prior authorization and utilization review practices that delay or disrupt access to medically necessary therapy services. The coalition’s newly released policy framework, [“Care Delayed Is Care Denied: A Therapy Consensus to Reform Prior Authorization.”](#) outlines shared principles to improve transparency, reduce administrative burden, and ensure patients receive timely access to therapy services.

Developed by APTA, the American Occupational Therapy Association, and APTA Private Practice, with support from a wide range of professional, patient advocacy, and rehabilitation organizations, the framework is intended to guide policymakers, payers, and utilization management organizations to rein in the abuse of prior authorization practices.

“Patients deserve timely, convenient access to care that is proven to improve outcomes and reduce overall health care costs, says APTA Private Practice President Mike Horsfield, PT, MBA. “It’s time to eliminate arbitrary prior authorization barriers that delay treatment and stand between patients and the care they need.”

“Prior authorization requirements too often interfere with care that clinicians have already determined is medically necessary,” states APTA President Kyle Covington, PT, DPT, PhD. “When patients are forced to wait for therapy, outcomes can suffer. Care delayed is care denied, and prior authorization practices must reflect that reality.”

“Prior authorization should never be a barrier to timely and medically necessary therapy services,” says AOTA CEO Katie Jordan, OTD, MBA, OTR/L, FAOTA. “This consensus framework puts patients first, reduces unnecessary administrative burden, and is essential to create a more equitable and efficient system. We urge its adoption by the payer community.”

The framework outlines clear guardrails to rein in abusive prior authorization practices, including using widely accepted clinical guidelines rather than utilization thresholds alone; protections for continuity of care; timely review of appeals within 72 hours by clinicians of the same specialty; and peer-to-peer reviews conducted by licensed clinicians in the same profession. It also calls for standardized, interoperable systems to reduce administrative burden, clear and evidence-based explanations for any denial or reduction in services, timely compensation for utilization review activities, and greater accountability through reporting of prior authorization metrics such as denial rates and turnaround times. Review the full text of the [policy framework and its principles for prior authorization](#).

Endorsed by a broad group of national organizations representing clinicians, patients, and rehabilitation providers, the framework reflects a shared commitment to improving transparency, reducing administrative burden, and ensuring timely access to high-quality therapy services.

“The National Association of Rehabilitation Providers and Agencies is proud to collaborate with our partners to advance a transparent, clinically driven approach to prior authorization,” states NARA Board President Chris Carlin, OTR/L, MBA. “Our goal is to help shape solutions that are clear, equitable, and designed to prevent delays in needed therapy services while also minimizing unnecessary administrative burden for the caregivers and administrative teams within our member organizations.

“This policy framework is a critical step towards aligning prior authorization practices with clinical evidence, professional judgement, and outcomes-driven care to ensure access to physical therapy services is not unintentionally compromised by utilization management processes,” comments APTQI Executive Director Nikesh Patel, PT. “Alongside our coalition partners, we are calling for clear, standardized, transparent prior authorization policies that ensure patients have access to the medically necessary therapies they require in a timely manner.”

“ADVION supports this consensus statement and urges adoption of a uniform, standardized process across plans, including consistent forms, procedures, and data requirements,” adds ADVION CEO Cynthia Mortin, MPA. “Such standardization is essential to promoting high-quality, cost-effective care for Medicare beneficiaries and improving system-wide efficiency.”

Endorsing organizations include: ADVION; Alliance for Physical Therapy Quality and Innovation; American Association on Health and Disability; American Music Therapy Association; American Occupational Therapy Association; American Physical Therapy Association; APTA Private Practice; American Spinal Injury Association; Association of Academic Physiatrists; Center for Medicare Advocacy; Lakeshore Foundation; National Association of Rehabilitation Providers and Agencies; National Association of Social Workers; National Athletic Trainers’ Association; Rehabilitation Engineering and Assistive Technology Society of North America.

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About APTA

The American Physical Therapy Association represents 100,000 physical therapists, physical therapist assistants, and physical therapy students nationwide. Visit [the APTA website](#) to learn more.