



CHIROPRACTIC
FUTURE
STRATEGIC PLAN

CHIROPRACTIC FUTURE
REIMBURSEMENT WORKGROUP

COMMUNICATION TOOLKIT

THE HARM OF PRIOR AUTHORIZATION

A GUIDE FOR COMMUNICATING TO PATIENTS, EMPLOYERS,
LEGISLATORS & REGULATORS

This toolkit helps you clearly and confidently explain how prior authorization (PA) policies are harming patients, delaying recovery, and interfering with effective care. Use it to prepare for conversations, dispel common myths, and empower others to advocate for change.

PREPARED BY CHIROPRACTIC FUTURE: REIMBURSEMENT WORKGROUP · 2026

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This toolkit is organized by audience. Each section includes a 30-second script, a 3-minute guide, and 30-minute educational content with talking points, analogies, and FAQs. Click any entry to jump directly to that section.

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HOW TO USE THIS TOOLKIT

A reference guide for chiropractors, advocates, and allies speaking to any audience about the real harms of prior authorization.

INTRO

This toolkit was created to help you clearly and confidently explain how prior authorization (PA) policies are harming patients, delaying recovery, and interfering with effective care. Whether you're speaking with a patient, employer, corporate contact, HR professional, legislator, or regulator, the goal is the same: to make sure they understand that care decisions should be made between the doctor and patient — based on clinical judgment and mutual agreement — not dictated by insurance companies focused on cost control.

We know this document is long, and it's not meant to be memorized. Think of it as a reference guide. You can review it ahead of a hallway conversation, a meeting with a corporate contact, or an advocacy briefing to quickly get grounded in what matters most for that audience. Each section is broken into three formats:

30-SECOND VERSION

A strong opening statement or elevator pitch for quick encounters.

3-MINUTE GUIDE

A deeper, conversational explanation for short meetings like hallway conversations.

30-MINUTE CONTENT

Talking points, examples, and FAQs to prepare or educate more thoroughly.

"Insurance companies have controlled the narrative for too long. They've framed prior authorization as a responsible cost-control tool, when in reality, it often functions as a barrier to timely, evidence-based care."

USE THIS GUIDE TO

- Prepare before an important conversation.
- Clarify the real-world effects of PA.
- Dispel common myths or misunderstandings.
- Empower others to advocate for change.
- Pair your messaging with the patient-facing flyer developed by Chiropractic Future.

The more consistently we speak the truth about these policies, the harder it becomes for insurers to hide behind jargon and delay tactics. This toolkit helps you lead that conversation.

PATIENTS

Helping patients understand how prior authorization delays their care and what they can do about it.

30-SECOND SCRIPT

"Too often, insurance companies decide when or if you get care, not your doctor. That's what happens with prior authorization. It creates delays that make your condition worse, and it's even used to block safe, effective, low-cost care like chiropractic. Your health shouldn't be held hostage by paperwork. You and your doctor should be in charge, not an insurance company trying to save a few bucks."

3-MINUTE GUIDE

Prior authorization means your doctor has to get permission from your insurance company before starting your treatment. Even for something safe and affordable like chiropractic care, insurers can take days or weeks to respond — and they may not approve what your doctor recommends. These delays can make symptoms worse, interfere with your recovery, and sometimes force people to turn to medications or urgent care instead. The process adds stress, reduces access, and puts insurers between you and your doctor. Your care should be based on what works, not on red tape. Ask questions, check your plan, and push for better coverage.

30-MINUTE EDUCATIONAL CONTENT

TALKING POINTS

- Prior authorization applies to even basic, effective treatments.
- Care delays caused by prior authorization can lead to increased suffering and worse outcomes.
- Patients are often forced to wait or settle for less than what their doctor recommends.

FAQS & RESPONSES

Why is this happening?

Insurers use it to control costs, but it's often misapplied to low-risk, evidence-based care.

Can it be fixed?

Yes. Employers and regulators can remove prior authorization requirements for routine care.

EXAMPLES & ANALOGIES

ANALOGY

Like having to get corporate permission before using your umbrella in the rain.

SCENARIO

You have a sore back and a solution that works — but you're stuck waiting for approval.

STORYTELLING SUGGESTION

Highlight a story where delayed chiropractic care led to worsened pain or increased medication use — making the human cost of bureaucratic delay real and relatable.

EMPLOYERS & HR REPRESENTATIVES

Showing employers how prior authorization drives up costs, frustrates employees, and undermines the value of their benefits investment.

30-SECOND SCRIPT

"Prior authorization might look like a cost-saving measure, but in reality it delays care, frustrates employees, and increases long-term expenses. Employees who can't access simple care like chiropractic early on may end up needing more time off, more prescriptions, and more expensive interventions. Better access means better outcomes — and better value for your benefits dollar."

3-MINUTE GUIDE

Employers want a healthy workforce and a benefits package that works. But prior authorization gets in the way. It forces employees to wait for treatment — even for basic services like chiropractic care. That delay increases pain, prolongs time away from work, and leads to avoidable costs like ER visits or medication use. Removing prior authorization for low-risk, high-value services speeds up recovery and reduces total health spend. It also improves employee morale, reduces HR administrative load, and shows that your company values health. Let your plans work smarter — not harder against your employees.

30-MINUTE EDUCATIONAL CONTENT

TALKING POINTS

- Delayed care leads to more sick days, more medical claims, and more frustration.
- Chiropractic is low-cost, non-invasive, and often faster than other treatments.
- Prior authorization adds cost through inefficiencies and denials that are later reversed.
- 58% of physicians report that PA has impacted patient job performance.

FAQS & RESPONSES

Is prior authorization necessary for cost control?

Not when it applies to evidence-based care with low risk. The administrative costs often exceed any savings.

What alternatives exist?

Ask for plan designs that eliminate prior authorization for routine services with demonstrated safety and effectiveness.

EXAMPLES & ANALOGIES

ANALOGY

Like slowing down your IT department by requiring approval to restart a computer.

IMPACT

Red tape makes recovery harder and longer — costing employers in lost productivity and higher claims.

VISUAL SUGGESTION

A timeline comparing employee recovery with and without prior authorization delays illustrates the total cost difference clearly for HR decision-makers.

LEGISLATORS (STATE-LEVEL)

Equipping advocates with compelling, data-backed messaging for state legislative conversations about prior authorization reform.



IMPORTANT COORDINATION NOTICE

Before engaging with legislators or sharing any messaging in this section, you must coordinate with your state chiropractic association. Advocacy efforts are most effective when aligned, consistent, and strategically timed. Uncoordinated communication, even when well-intended, can undermine broader legislative strategy. Always work through your state association to ensure your voice strengthens — rather than fragments — the collective impact.

30-SECOND SCRIPT

"Prior authorization was intended to control costs, but it's hurting patients. Delays for care like chiropractic are causing people to suffer longer, miss work, and rely on more expensive treatments. State lawmakers can lead the way by reducing or eliminating prior authorization for services that are proven, effective, and affordable."

3-MINUTE GUIDE

State legislators have an opportunity to protect patients and improve care by addressing prior authorization reform. In many states, even low-cost services like chiropractic care require prior authorization, which causes harmful delays. These delays contribute to worse outcomes and increase costs downstream by pushing patients into more intensive or pharmaceutical care. Prior authorization also creates unnecessary administrative waste and contributes to physician burnout. Streamlining or eliminating prior authorization for certain services would improve outcomes, reduce burdens, and return control to the provider-patient relationship. Reform is both pro-patient and fiscally responsible.

30-MINUTE EDUCATIONAL CONTENT

TALKING POINTS

- PA delays harm patient health and drive higher long-term costs.
- Reform can target low-risk services while maintaining oversight.
- States like Texas have implemented "gold carding" to reduce PA for trusted providers.
- PA affects thousands of patients daily and contributes to overmedicalization.

FAQS & RESPONSES

Won't this lead to overuse?

Not when applied to services with demonstrated safety and effectiveness.

Is this a big problem?

Yes — thousands of patients daily face overmedicalization as a result.

EXAMPLES & ANALOGIES

ANALOGY

Like putting a gate on a bike path and making people wait for a key.

STORYTELLING SUGGESTION

Use patient or provider testimony from your district — a constituent story is the most powerful tool in a legislative meeting.

REGULATORY STAFF & POLICY EXPERTS

Providing regulators with data-grounded arguments for modernizing prior authorization criteria and restoring the integrity of the provider-patient relationship.



IMPORTANT COORDINATION NOTICE (SEE LEGISLATIVE SECTION)

As with legislative outreach, any communication with regulatory agencies or policy staff should be coordinated through your state chiropractic association. Regulatory strategy often operates in parallel with legislative efforts and requires careful alignment of messaging, data, and timing. Always connect with your state association before engaging with regulators.

30-SECOND SCRIPT

"Prior authorization is now being used in ways that go far beyond its original intent. For routine services like chiropractic care, it delays treatment, reduces care quality, and increases system inefficiencies. Regulators can help correct this by reassessing the scope and criteria for prior authorization requirements."

3-MINUTE GUIDE

PA was introduced to curb excessive or unnecessary care. But today it's frequently applied to low-risk, non-invasive services like chiropractic — where risks are low and benefits are well-established. This creates system-wide inefficiencies: delays, patient frustration, higher medication use, and more ER visits. Most PA requests are eventually approved, raising questions about their necessity. Regulatory bodies can modernize these rules and reduce unintended harms by encouraging smarter, data-driven use of PA tools.

30-MINUTE EDUCATIONAL CONTENT

TALKING POINTS

- Routine denials are often reversed, creating unnecessary delay with no quality benefit.
- Harm includes avoidable ER visits, opioid reliance, and patient abandonment of care.
- Overuse of prior authorization wastes time and resources without meaningful quality control.

POLICY CONSIDERATIONS

Establish clearer criteria for when PA is appropriate

Require public reporting on PA metrics

Encourage automation & trusted provider pathways

"If a policy doesn't improve quality or reduce cost, why are we still using it?"

EXAMPLES & ANALOGIES

ANALOGY

Like a TSA checkpoint for a public library — security theater with no threat to address.

VISUAL SUGGESTION

Flowcharts of patient experience under current vs. reformed prior authorization rules make the regulatory burden visible and quantifiable for policy staff.

SUPPORTING EVIDENCE & CITATIONS

Peer-reviewed research and survey data supporting the case against unnecessary prior authorization.

93%

of physicians report PA leads to delayed or abandoned care

AMA PHYSICIAN SURVEY

92.3%

of PA requests are eventually approved — raising the question: why?

KFF MEDICARE ADVANTAGE STUDY

1 Prior Authorization Causes Delays and Harms Patients

- Johns Hopkins University researchers found measurable patient harm linked to prior authorization, including treatment delays, worsened outcomes, and increased use of riskier interventions. [Hopkins Medicine Press Release](#)
- According to the American Medical Association (AMA), 93% of physicians report that PA leads to delayed care, and 82% say it sometimes results in patients abandoning treatment. [AMA Prior Authorization Physician Survey \(PDF\)](#)

2 Most Prior Authorizations Are Eventually Approved

- A Kaiser Family Foundation (KFF) analysis of Medicare Advantage data found that insurers made nearly 53 million prior authorization determinations in 2024. Of those, 92.3% were fully or partially approved. When beneficiaries appealed denied requests, 80.7% of those appeals were successful — meaning the initial denial was overturned, often after unnecessary delay. [KFF Medicare Advantage Appeals Study](#)
- AMA data shows that many PA requests are ultimately approved, highlighting inefficiencies and questioning the necessity of the process. [AMA Prior Authorization Physician Survey \(PDF\)](#)

3 Delays Can Increase Emergency Visits, Costs, and Utilization

- The AMA reports that prior authorization contributes to higher overall healthcare utilization, including increased ER visits and avoidable downstream costs. [AMA Prior Authorization Physician Survey \(PDF\)](#)
- Kaiser Family Foundation survey data indicate that people reporting prior authorization problems were more likely to say their health declined or access was delayed or denied, and more likely to experience increased out-of-pocket costs. [KFF Consumer Survey](#)

SUPPORTING EVIDENCE & CITATIONS

39

PA requests per physician per week

13h

staff time lost per physician per week

58%

of physicians say PA impacted patient job performance

4 Chiropractic Care Is a Low-Cost Treatment Option

- Farabaugh et al. (2024) conducted a systematic review showing that chiropractic care for spinal conditions is associated with lower healthcare costs. [PubMed — Farabaugh Study](#)
- A 2022 systematic review found that chiropractic care for spine pain is consistently associated with lower overall healthcare costs compared to opioid-based medical care, particularly when used as a first-line treatment. [J Manipulative Physiol Ther Study](#)

5 Prior Authorization Contributes to Administrative Burden and Burnout

- The AMA survey found that physicians complete an average of 39 PA requests per week, taking up approximately 13 hours of staff time and contributing significantly to physician burnout. [AMA Prior Authorization Physician Survey \(PDF\)](#)

6 Negative Impact on Work and Absenteeism

- AMA data shows that 58% of physicians reported that PA had impacted patient job performance. [AMA Prior Authorization Physician Survey \(PDF\)](#)



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CARE DECISIONS BELONG BETWEEN DOCTOR AND PATIENT.

Use this toolkit to reclaim the conversation. The more consistently we speak the truth about these policies, the harder it becomes for insurers to hide behind jargon and delay tactics.

LEARN MORE

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