



June 27, 2022

The Honorable Frank Pallone, Jr., Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers, Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
2322 Rayburn House Office Building  
Washington, DC 20515

The Honorable Diana DeGette, Chair  
Health Subcommittee  
Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable H. Morgan Griffith, Ranking Member  
Health Subcommittee  
Committee on Energy and Commerce  
U.S. House of Representatives  
2322 Rayburn House Office Building  
Washington, DC 20515

**Subject: Advancing Prior Authorization Legislation**

Dear Chairman Pallone, Ranking Member McMorris Rodgers, Chair DeGette and Ranking Member Guthrie:

The Regulatory Relief Coalition (RRC) — a group of national physician specialty organizations advocating for regulatory burden reduction in Medicare so that physicians can spend more time treating patients — applauds the Committee on Energy and Commerce’s Subcommittee on Oversight and Investigations of the for holding the hearing “Protecting America’s Seniors: Oversight of Private Sector Medicare Advantage Plans.”

RRC is the leading organization promoting the passage of H.R. 3173, the Improving Seniors’ Timely Access to Care Act. This bipartisan, bicameral legislation — championed by Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Ami Bera, MD (D-CA), and Larry Bucshon, MD (R-IN) — would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization in the Medicare Advantage (MA) program.

The RRC enthusiastically welcomes the committee’s review of reports recently released by the Department of Health and Human Services (HHS) Office of Inspector General (OIG) and the Government Accountability Office (GAO) on Medicare Advantage’s use of prior authorization. We strongly support these reports as they amplify what we have been saying for years: MA plans delay or deny beneficiary access to medically necessary services even though the requests meet Medicare coverage rules. Further, the GAO validates our understanding that patients face greater challenges with prior authorization approval for mental health services than medical services.

We hope that the many cosponsors of H.R. 3173 serving on this committee will use this opportunity to speak about the merits of the legislation, specifically that the bill seeks to ensure that MA best serves our nation’s seniors. The legislation is primed for action — with over 300 co-sponsors in the House and nearly 35 in the Senate — and is endorsed by nearly 500 state and national organizations representing patients, health care providers, and the medical technology and biopharmaceutical industry, the Better Medicare Alliance and others.

The OIG and GAO reports also validate our contention that over the past 10 years, MA plans and other insurers have substantially increased the use of prior authorization, resulting in significant barriers to medically necessary care that negatively impact patients and providers. For example, according to a recent survey we conducted, prior authorization approvals typically take between 2 to 14 days, but for some, they can take from 15 to more than 31 days — sometimes forcing patients to abandon treatment altogether. Our survey also indicates that prior authorization requirements impose significant administrative burdens on providers, and in any given week, most physicians must contend with between 11 and 40 prior authorization requests.

If adopted, H.R. 3173 would mitigate some of the delays patients face by establishing an electronic prior authorization (ePA) program requiring MA plans to adopt these capabilities. It would also:

- Require the Secretary of HHS to establish a list of items and services eligible for real-time decisions under an MA ePA program;
- Standardize and streamline the prior authorization process for routinely approved items and services;
- Ensure prior authorization requests are reviewed by qualified medical personnel;
- Increase transparency around MA prior authorization requirements and their use; and
- Protect beneficiaries from any disruptions in care due to prior authorization requirements as they transition between MA plans.

This legislation would allow providers to spend more time treating patients and less on bureaucratic hurdles. Most importantly, it would remove barriers to ensure patients' timely access to care.

As you consider the full committee's upcoming priorities, and given the widespread support for this bill, we respectfully request that you consider including this bipartisan bill in any moving legislative package.

Thank you for considering our request. If you have any questions, please contact Peggy Tighe at [Peggy.Tighe@PowersLaw.com](mailto:Peggy.Tighe@PowersLaw.com).

Sincerely,

American Academy of Family Physicians  
American Academy of Physical Medicine and Rehabilitation  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Orthopaedic Surgeons  
American Association of Neurological Surgeons  
American College of Cardiology  
American College of Rheumatology  
American College of Surgeons

American Gastroenterological Association  
American Osteopathic Association  
Association For Clinical Oncology  
Congress of Neurological Surgeons  
Medical Group Management Association  
National Association of Spine Specialists  
Society for Cardiovascular Angiography & Interventions

Regulatory Relief Coalition Allies  
American Medical Rehabilitation Providers Association  
Premier Inc.  
Select Medical

cc: Members, Committee on Energy and Commerce  
Leads sponsors of H.R. 3173