



March 27, 2020

Seema Verma  
Administrator  
Center for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Verma:

As members of the Regulatory Relief Coalition (RRC), we are writing to request CMS instruct Medicare Advantage (MA) plans to waive Prior Authorization (PA) requirements for the duration of the national emergency declared by the President (including any extensions).

As you know, the COVID-19 pandemic is placing extraordinary stress on the healthcare system and, at this stage, the Nation's physicians and hospitals have been directed to limit the provision of non-urgent care. Per CMS' recommendation, elective surgeries are now being done mostly in outpatient settings or postponed. Only triaged, unavoidable surgeries are being done in the inpatient setting. As these inpatient settings are increasingly crowded with patients fighting the COVID-19 virus, patients who are awaiting life-saving surgeries are not only at a higher risk of infection, but are also taking up valuable ICU bed space. Removing barriers to patients receiving their surgeries and treatment in an expeditious fashion is more important now than ever before.

Even though care is being limited to emergency and urgent care, MA plans' PA requirements remain in effect. Complying with PA requirements imposed by MA and other health plans consumes considerable resources and complicates scheduling for non COVID-related cases that are, by definition, urgent. In addition, many practices are operating with significantly reduced staff. Under these circumstances, we believe that dedicating precious physician, nursing and other clinical and administrative staff to the task of seeking PA for urgently needed services is not in the public interest.

For example, physician practices represented by the RRC are still required by MA plans to seek PA for treatment for Diabetic Retinopathy and Macular Degeneration patients at immediate risk of losing vision. Likewise, PA is still required for the performance of back surgery on an elderly woman with lumbar spinal stenosis who has progressive neurological deficits (such as leg weakness, foot drop and/or numbness in her leg), and who has failed conservative therapy - even though surgery is necessary for the patient to return to full function and to prevent irreversible

damage. Moreover, PA is still required for the rheumatoid arthritis patient who requires biologic therapy and cannot ambulate due to swollen joints, when national guidelines indicate such treatment is necessary to prevent irreversible joint damage and return to full function. Take, for example, an existing cardiac patient with new chest pain. If the patient went to their doctor's office and required a stress test, PA would be needed. If that same patient went to the hospital emergency department, no PA is required.

We are aware that CMS has granted waivers to a number of state Medicaid plans to suspend PA requirements during the crisis. We believe that similar action by MA plans has the potential to facilitate deployment of physicians, nurses and other clinical staff to more urgent tasks. For this reason, we urge CMS to instruct MA plans to suspend PA requirements for the duration of the COVID-19 national emergency.

Sincerely yours,

American Academy of Neurology  
American Academy of Ophthalmology  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Cardiology  
American College of Rheumatology  
American College of Surgeons  
American Gastroenterological Association  
American Urological Association  
Association for Clinical Oncology  
Congress of Neurological Surgeons  
National Association of Spine Specialists  
Society for Cardiovascular Angiography and Interventions

Cc: Demetrios Kouzoukas, Principal Deputy Administrator  
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