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## Leading Medical Specialty Coalition Welcomes Reintroduction of Prior Authorization Relief Bill (H.R. 3173) *Coalition Continues Fighting for Seniors' Timely Access to Care*

WASHINGTON, DC, May 13, 2021— Leading coalition applauds Reps. **Suzan DelBene** (D-Wash.), **Mike Kelly** (R-Pa.), **Ami Bera**, MD, (D-Calif.) and **Larry Bucshon**, MD, (R-Ind.) for the reintroduction of the *Improving Seniors' Timely Access to Care Act of 2021*. The legislation – H.R. 3173 – provides much-needed oversight and transparency of health insurance for America's seniors.

The legislation is the culmination of months of bipartisan, bicameral discussions that included full engagement with all involved stakeholders, resulting in balanced, common-sense legislation that would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization in the Medicare Advantage (MA) program.

Similar legislation (H.R. 3107) introduced in 2019 garnered 280 co-sponsors, making it one of the most evenly bipartisan and widely supported health care bills in the 116<sup>th</sup> Congress. Changes to the legislation, summarized [HERE](#), are modest, responsible and should pave the way to committee and floor action in the 117<sup>th</sup> Congress.

The regulatory burdens of prior authorization have amplified the risks for patients and burdens for practices during the COVID-19 crisis. Even in areas where the health care system is beginning to recover sufficiently to treat non-emergent cases, providers are faced with the challenge of delivering long-delayed, medically necessary services to patients whose health care needs were postponed during the crisis. Prior authorization burdens will only further delay this care.

"Prior Authorization burdens are more than burdens. They can be dangerous barriers to necessary patient care," said **John K. Ratliff**, MD, a practicing neurosurgeon at Stanford University. "The COVID-19 crisis has exacerbated the need to reform prior authorizations as our patients are facing new obstacles to getting the care they need." He added, "Some of my patients have already waited months for necessary surgeries because of the COVID crisis." Ratliff concluded, "The legislation's common-sense oversight and transparency of prior authorization should now be a national imperative."

"Imagine waiting for an insurance company to approve a service that can save your vision," said George A. Williams, MD, Senior Secretary for Advocacy of the **American Academy of Ophthalmology**. "This situation is very real for many of our patients. We strongly believe help is on the way. The Improving Seniors' Timely Access to Care Act reimagines prior authorization, taking bold steps to improve patient access to care." He noted, "we are especially pleased that the bill would establish — for the first time ever — an electronic prior authorization system,

avenues for real-time decisions, full transparency, and real patient protections for America's seniors."

The Improving Seniors' Timely Access to Care Act of 2021 would:

- Establish an electronic prior authorization (ePA) program and require MA plans to adopt ePA capabilities;
- Require the Secretary of Health and Human Services 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.

The Regulatory Relief Coalition is a group of fourteen national physician specialty organizations advocating for a reduction in Medicare program regulatory burdens to protect patients' timely access to care and allow physicians to spend more time with their patients.

*American Academy of Family Physicians, the American Academy of Neurology, American Academy of Ophthalmology, American Academy of Orthopedic Surgeons, American Association of Neurological Surgeons, 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, National Association of Spine Specialists, American Society for Cardiovascular Angiography and Interventions.*