BRIEFING
FEATURING U.S. SENATORS & STAFF

For RRC Members, Allies, and Supporting Organizations

The Improving Seniors’ Access to Timely Care (S. 3018/H.R. 3173)

March 8, 2023
Agenda

- Welcome and Logistics
  - Katie Orrico (AANS)
  - Peggy Tighe (RRC) and Powers Law
- Overview of S.3018 & H.R. 3173
- Senators and Staff Presentations
- Consensus Statement
- Sens. Brown-Thune Letter to CMS
- Call to Action
- Resources
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Quick Facts

SENATE BILL:  S. 3018
- Introduced October 20, 2021
- Original sponsors:  Sens. Roger Marshall (R-KS), Kyrsten Sinema (D-AZ), John Thune (R-SD), Sherrod Brown (D-OH)
- Total Number of Co-Sponsors:  18, evenly bipartisan

HOUSE BILL:  H.R. 3173
- Introduced May 13, 2021
- Leads: Reps. Susan DelBene (D-WA), Mike Kelly (R-PA), Ami Bera (D-CA), Larry Bucshon (R-IN)
- Total Number of Co-Sponsors:  260+
- Endorsing Organizations:  450+
The Improving Seniors’ Timely Access to Care Act of 2021

S. 3018/H.R. 3173 Legislation (117th Congress)

- Establishes an electronic prior authorization (ePA) program and require MA plans to adopt ePA capabilities;
- Requires 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;
- Standardizes and streamline the prior authorization process for routinely approved items and services;
- Ensures prior authorization requests are reviewed by qualified medical personnel;
- Increases transparency around MA prior authorization requirements and their use; and
- Protects beneficiaries from any disruptions in care due to prior authorization requirements as they transition between MA plans.
Senator Roger Marshall (R-KS)
Senator John Thune (R-SD)

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Key Staff Participating in Today’s Briefing

- Charlotte Pineda, Health Policy Director to now Senator and former Representative Roger Marshall (R-KS)
- Kevin Dawson, former Rep. Mike Kelly (R-PA) and Senate Budget Committee staffer, now Policy Advisor to Sen. Cassidy (R-LA)
- Sylvia Lee, Policy Advisor, Sen. Kyrsten Sinema (D-AZ)
Senator Kyrsten Sinema (D-AZ)
Consensus Statement on Improving the Prior Authorization Process

Our organizations represent health care providers (physicians, pharmacists, medical groups, and hospitals) and health plans. We have partnered to identify opportunities to improve the prior authorization process with the goals of promoting safe, timely, and affordable access to evidence-based care for patients, enhancing efficiency, and reducing administrative burdens. The prior authorization process can be burdensome for all involved—health care providers, health plans, and patients. Yet, there is wide variation in medical practice and adherence to evidence-based treatment. Communication and collaboration can improve stakeholder understanding of the functions and challenges associated with prior authorization and lead to opportunities to improve the process, promote quality and affordable health care, and reduce unnecessary burdens.

The following five areas offer opportunities for improvement in prior authorization programs and processes that, once implemented, can achieve meaningful reform.

1. **Selective Application of Prior Authorization.** Differentiating the application of prior authorization based on provider performance on quality measures and adherence to evidence-based medicine or other contractual agreements (i.e., risk-sharing arrangements) can be helpful in targeting prior authorization requirements where they are needed most and reducing the administrative burden on health care providers. Criteria for selective application of prior authorization requirements may include, for example, ordering/prescribing patterns that align with evidence-based guidelines and historically high prior authorization approval rates.

   **We agree to:**

   - Encourage the use of programs that selectively implement prior authorization requirements based on stratification of health care providers’ performance and adherence to evidence-based medicine.
   - Encourage (1) the development of criteria to select and maintain health care providers in these selective prior authorization programs with the input of contracted health care providers and/or provider organizations; and (2) making these criteria transparent and easily accessible to contracted providers.
October 28, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
U.S. Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, M.D. 21244

Dear Administrator Brooks-LaSure:

We write to thank you for your commitment to ensuring timely access to health care for all Americans, and to request an update on the U.S. Centers for Medicare and Medicaid Services’ (CMS) efforts to streamline prior authorization protocols across programs. We encourage you to take additional steps to strengthen prior authorization policies and make them more efficient for all Americans, including Medicare Advantage (MA) beneficiaries.

We appreciate the recent actions CMS has taken related to prior authorization that attempt to strike a balance between program integrity and patient access to care. In December 2020, CMS issued a proposed rule to modernize processes related to prior authorization that would reduce significant burdens on health care providers and patients and improve patient outcomes. This notice of proposed rulemaking (NPRM) would have made changes to streamline prior authorization processes across Medicare, Children’s Health Insurance Program (CHIP), and federally-facilitated exchange (FFE) plans. To our disappointment, CMS formally withdrew these proposed changes to the prior authorization process in March 2021.

More recently, CMS issued a memorandum to MA plans, strongly encouraging all MA plans to waive or relax prior authorization requirements and utilization management processes related to COVID-19. While we agree that prior authorization, when used appropriately, is an important tool for payers to manage costs and ensure program integrity, we support CMS’s efforts to protect beneficiaries, increase transparency around prior authorization requirements, and streamline prior authorization processes for patients, providers, and health plans. We request an update on CMS’s plans to revisit and advance policies to modernize and improve prior authorization for patients and providers.

As you have stated to Members of Congress, “providers and beneficiaries should not have to jump through unnecessary hoops for access to medically appropriate care.” The bipartisan, bicameral Improving Seniors’ Timely Access to Care Act proposes a balanced approach to prior authorization in the MA program that would remove barriers to patients’ timely access to care and allow providers to spend more time treating patients and less on paperwork hurdles.


Twenty-nine (29) Senators urge CMS to adopt S. 3018 reforms through administrative action (October ‘21).
Thank You & Call to Action

- Thank You for Your Support
- Join us in our Week of Action
- Enlist more House and Senate Co-Sponsors
- Ask for HEARINGS and MARKUPS
- Encourage your Allied Organizations to Join the Fight
- Talk to House and Senate Leadership - include prior authorization legislation in any moving vehicles
Dear Colleagues