



July 26, 2022

The Honorable Richard Neal  
Ways and Means Committee  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
Ways and Means Committee  
1102 Longworth House Office Building  
Washington, DC 20515

**Subject: Ways and Means Markup of Improving Seniors' Timely Access to Care Act**

Dear Chairman Neal and Ranking Member Brady,

On behalf of the Regulatory Relief Coalition (RRC) — a group of national physician specialty organizations advocating for reduced regulatory burdens that interfere with patient care — we are pleased to support the Improving Seniors' Timely Access to Care Act, as amended. We urge all House Committee on Ways and Means members to approve the legislation at the July 27 markup.

This committee's action is a critical step toward fulfilling our coalition's goal of ensuring that physicians spend more time treating patients and less time overcoming bureaucratic hurdles and barriers to care. With more than 300 House co-sponsors and over 500 endorsing organizations<sup>1</sup> representing patients, providers, and the medical technology and biopharmaceutical industry, it is time for this bill to become the law of the land.

Patients and providers continue to face unnecessary delays and denials of medically necessary care due to Medicare Advantage (MA) plans' prior authorization requirements. Consider the following data from a recent survey<sup>2</sup> of RRC members:

***Patient Access to Care Has Been Impacted***

- Eighty-two percent of respondents state that prior authorization always (37%) or often (45%) delays access to necessary care.
- The wait time for prior authorization can be lengthy. For most physicians (74%), it takes between 2 to 14 days to obtain prior authorization, but for 15%, this process can take from 15 to more than 31 days.
- Prior authorization causes patients to abandon treatment altogether, with 32% reporting that patients often abandon treatment and 50% reporting that patients sometimes abandon treatment.
- Overwhelmingly (87%), physicians report that prior authorization has a significant (40%) or somewhat (47%) negative impact on patient clinical outcomes.

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<sup>1</sup> <https://www.regrelief.org/support/>

<sup>2</sup> <https://www.regrelief.org/wp-content/uploads/2019/12/RRC-Prior-Authorization-Survey-Results-FINAL-7-26.pdf>

***Prior Authorization Burden Has Increased***

- Eighty-four percent of (84%) physicians report that the burden associated with prior authorization has significantly increased over the past five years.
- The burden of prior authorization for physicians and their staff is high or extremely high (92%).
- Most physicians (42%) in any given week must contend with between 11 and 40 prior authorizations. One-fifth of respondents face more than 40 per week.
- Many physicians must now engage in the peer-to-peer process to obtain prior authorization. Nearly 20% of respondents experience this requirement for 26 to 75% or more of their services.
- Nearly three-fifths (59%) of physicians have staff members working exclusively on prior authorization, with most staff spending between 10-20 hours per week.

The U.S. Department of Health and Human Services Office of Inspector General (OIG) has confirmed our concerns that MA plans' are inappropriately delaying and denying care. In 2018, the OIG found that from 2014 through 2016, MA plans overturned 75 percent of their prior authorization and payment denials on appeal.<sup>3</sup> More recently, in April of this year, the OIG released a report finding that an estimated 13% of denied prior authorization requests reviewed met Medicare coverage rules and likely would have been approved under fee-for-service Medicare. Moreover, the OIG found that about 18% of denied payment requests met Medicare coverage and Medicare Advantage billing rules.

Based on a consensus statement<sup>4</sup> of leading national stakeholder organizations, the Improving Seniors' Timely Access to Care Act would go a long way to address these problems by streamlining and standardizing prior authorization in the MA program by, among other things:

- Establishing an electronic prior authorization (ePA) program;
- Standardizing and streamlining the prior authorization process for routinely approved services, including establishing a list of services eligible for real-time prior authorization decisions; and
- Increasing transparency around MA prior authorization requirements and their use.

Finally, the RRC especially appreciates the stalwart work of Ways and Means Committee members, Reps. Suzan DelBene (D-WA) and Mike Kelly (R-PA) and wishes to recognize their leadership in developing this legislation.

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<sup>3</sup> <https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf>

<sup>4</sup> <https://www.regrelief.org/wp-content/uploads/2019/12/prior-authorization-consensus-statement.pdf>

Thanks again for moving this critical legislation forward. We hope you will join us in urging Congress to follow your committee's action by passing this bipartisan legislation before the end of this year.

Sincerely,

**RRC Members**

American Academy of Family Physicians  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Physical Medicine and Rehabilitation  
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 Osteopathic Association  
Association For Clinical Oncology  
Congress of Neurological Surgeons  
Medical Group Management Association  
National Association of Spine Specialists  
Society for Cardiovascular Angiography & Interventions

**RRC Allies**

American Medical Rehabilitation Providers Association  
Premier  
Select Medical