November 15, 2022

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

The Honorable Susan Rice
Director
Domestic Policy Council
The White House
Washington, D.C. 20500

The Honorable Shalanda Young
Director
Office of Management and Budget
1650 17th St NW
Washington, D.C. 20500

Dear Secretary Becerra, Administrator Brooks-LaSure, Ambassador Rice, and Director Young:

We are writing to request that the Administration release the proposed rule — “Interoperability and Prior Authorization for MA Organizations, Medicaid and CHIP Managed Care and State Agencies, FFE QHP Issuers, MIPS Eligible Clinicians, Eligible Hospitals and CAHs (CMS-0057)” — as soon as possible. As the lead sponsors of the Improving Seniors’ Timely Access to Care Act (H.R. 3173), we share your goal of streamlining prior authorization and improving transparency in the Medicare Advantage (MA) program, foundational elements of our legislation.

As you may know, H.R. 3173 passed the House of Representatives by unanimous voice vote on September 14, and we are working on getting it passed into law this year. The hallmarks of our legislation — an electric prior authorization program that provides real-time decisions for items and services that are routinely approved, as well as transparency requirements on how MA plans use prior authorization — appear to reflect what may be in the proposed rule. We believe that releasing a proposed rule to streamline prior authorization for Medical Advantage beneficiaries would complement our efforts to improve timely care for seniors, and we urge you to consider our legislation as you proceed in the rule-making process.

We stand together, steadfast in our commitment to ensure that patients do not needlessly face barriers to medically necessary care created by some MA plans. This year, the Office of the Inspector General and Government Accountability Office raised concerns about prior authorization in Medicare, validating that we must take action now.

Fortunately, this legislation enjoys broad support from more than 370 members of Congress and hundreds of stakeholder organizations representing patients, providers, the medical technology and biopharmaceutical industry, and some MA plans — strong evidence of the bill’s consensus-driven, bipartisan, reasonable approach to improving access to health care for our seniors.

Specifically, H.R. 3173 is supported by:

- 506 endorsing organizations
- 327 House and 49 Senate cosponsors
- 38 House Ways and Means Committee members
- 51 House Energy and Commerce Committee members
- 9 Senate Finance Committee members
- 41 Problem Solvers Caucus members
• 12 GOP Doctors Caucus members
• 46 Congressional Black Caucus members
• 26 Congressional Hispanic Caucus members
• 56 Congressional Asian Pacific American Caucus members

We are actively engaged with House and Senate leaders asking them to include this bill in any year-end legislative package. Given that 28 million people are enrolled in MA, and it is expected that in 2023 more seniors will be enrolled in MA rather than traditional Medicare, policymakers must adopt these critical improvements to ensure that our nation’s seniors receive timely access to care.

We applaud your efforts to improve MA and hope you will work with us to protect Medicare beneficiaries by releasing this rule, which is currently pending at the Office of Management and Budget, as soon as possible. Together, we can help ensure that patients do not face unnecessary delays and denials of medically necessary care due to MA plans’ prior authorization requirements.

Thank you for your consideration of this urgent matter.

Sincerely,

Suzan K. DelBene
Member of Congress

Mike Kelly
Member of Congress

Ami Bera, M.D.
Member of Congress

Larry Bucshon, M.D.
Member of Congress