RRC

Regulatory ✂ *Relief Coalition*

Protecting Patients' Timely Access To Care

Physician Coalition Applauds CMS for Proposed Rule to Reign in Prior Authorization in MA Program, Offers Recommendations to Strengthen Rule

RRC Concurs with CMS: Prior Authorization Should Not Be Used to Delay or Deny Care

WASHINGTON, DC—Today, the Regulatory Relief Coalition (RRC) — a group of national physician specialty organizations advocating for reduced regulatory burdens that interfere with patient care — submitted comments in strong support of the Centers for Medicare & Medicaid Services (CMS) for its proposed rule on prior authorization in the Medicare Advantage (MA) program.

The RRC commends CMS's commitment to reigning in the overreaches of MA plans that delay and deny care through utilization management tools like prior authorization (PA). The coalition strongly endorses the regulatory changes in this comprehensive proposal — which closely aligns with the *Improving Seniors' Timely Access to Care Act* (S. 3018/H.R. 3173). When finalized, this rule will limit MA plans' overuse and abuse of PA, reduce barriers to care, lessen provider burden and help ensure that Medicare beneficiaries who enroll in MA plans have the same access to Medicare-covered items and services as beneficiaries who opt for Medicare Fee-for-Service.

The coalition offered twenty recommendations to CMS focused on improving the timeliness, transparency, and accountability of prior authorization decisions, including:
- Requiring plans to respond to urgent PA requests within 24 hours, developing a process for real-time decisions for routinely approved services and allowing high-performing physicians to bypass PA altogether;
- Mandating that MA plans reimburse providers for services that have been pre-approved; and
- Monitoring and enforcing the new PA standards by establishing a patient portal for patient and provider complaints.

The RRC also suggested improvements in continuity of care, equitable access to care for Part B drugs, medical necessity criteria, utilization management by plans and peer-to-peer determinations. "It's long past the time for CMS to hold health plans accountable for unconscionable delays and denials of care. Clearly, CMS listened to patients and providers when developing this rule, which will help eliminate care delays, patient harms and practice hassles that contribute to physician burnout, and is a huge step in the right direction," said **Russell R. Lonser**, MD, chair of neurosurgery at The Ohio State University, and chair of the American Association of Neurological Surgeons/Congress of Neurological Surgeons Washington Committee.

George A. Williams, MD, Senior Secretary for Advocacy of the American Academy of Ophthalmology, agreed, "We strongly support the direction that CMS is taking. This rule, alongside the electronic-PA rule, includes many similarities to legislation passed by the U.S. House of Representatives last year and will transform the use of prior authorization by MA plans and improve seniors' timely access to care."

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The RRC is a leading advocate for reforming PA in the MA program on behalf of the more than 28 million seniors enrolled in MA plans and the providers who care for them. The coalition's efforts were critical in bringing the CMS proposal forward and advancing the *Improving Seniors' Timely Access to Care Act*, which finished the 117th Congress with 380 combined co-sponsors — 53 senators and 327 representatives. Along with the RRC, more than 500 organizations representing patients, health care providers, the medical technology and biopharmaceutical industry, health plans, and others endorsed the legislation.

The coalition will continue to urge Congress to protect patients from unnecessary delays in care by codifying these important policy changes into law by passing *the Improving Seniors' Access to Timely Care* in the 118th Congress.

More information about the RRC and the legislation is available at www.regrelief.org.

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