



September 13, 2022

The Honorable Anna Eshoo
Chair
Energy and Commerce,
Subcommittee on Health
272 Cannon House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member
Energy and Commerce
Subcommittee on Health
2434 Rayburn House Office Building
Washington, DC 20515

Subject: Energy and Commerce Health Subcommittee Markup, Improving Seniors'
Timely Access to Care Act

Dear Chair Eshoo and Ranking Member Guthrie,

Thank you for advancing the Improving Seniors' Timely Access to Care Act in the Energy and Commerce Health Subcommittee this week. Members of the Regulatory Relief Coalition (RRC) — a group of national physician specialty organizations advocating for reduced regulatory burdens that interfere with patient care — strongly urge the Committee to favorably report the bill out of committee to ready it for consideration by the entire House.

We applaud you for taking action to ensure that physicians spend more time treating patients and less time overcoming bureaucratic hurdles and barriers to care. Given the extensive support this legislation enjoys from so many Committee members — and more than 310 total House co-sponsors — we are eager to see the bill advance in the House and on to the Senate for subsequent consideration. With over [500 endorsing organizations](#) representing patients, providers, the medical technology and biopharmaceutical industry, and health plans, it is time for this bill to become the law of the land.

In short, patients and providers continue to face unnecessary delays and denials of medically necessary care due to Medicare Advantage (MA) plans' prior authorization requirements. The Improving Seniors' Timely Access to Care Act would streamline and standardize 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.

Please consider the following data from a [recent survey 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.

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.

Further, the U.S. Department of Health and Human Services Office of Inspector General (OIG) confirmed our concerns that MA plans' are inappropriately delaying and denying care.

- 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.

The RRC thanks the overwhelming number of Energy and Commerce Committee members who have co-sponsored the bill. We especially appreciate the stalwart work of Committee member Larry Bucshon (R-IN), one of the bill's lead sponsors. We commend you for moving this critical legislation forward and are eager to work with you to ensure its enactment into law before the end of the year.

If you have any questions, please contact Peggy Tighe at Peggy.Tighe@PowersLaw.com.

Thank you.

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

cc: The Honorable Frank Pallone

The Honorable Cathy McMorris Rodgers
Members, Energy and Commerce Committee