

IHP: Majority Of Congress Pushes CMS To Finalize Prior Auth Reforms

By [Bridget Early](#) / June 21, 2023 at 7:14 PM

House and Senate leaders, joined by a majority of lawmakers in both chambers, on Wednesday (June 21) pressed CMS to strengthen and finalize rules to reduce prior authorization hurdles posed by Medicare Advantage plans — rules that the lawmakers ask the administration to align with legislative proposals that similarly aim to make it easier for patients to get around insurers' hurdles, but have stalled due to their high cost.

Lawmakers have put off reintroducing their stalled Improving Seniors' Timely Access To Care Act as they seek ways to reduce the bill's cost, and [issuance of CMS rules incorporating some of the bill's provisions could achieve that](#). The bipartisan, bicameral letter to CMS shows continued congressional support for reforming prior authorization policies, an expert said.

Ongoing issues with improper prior authorization denials have prompted a huge upswelling of prior authorization reform efforts, including on both [the legislative](#) and [regulatory fronts](#).

[Inside Health Policy in early May](#) reported that the sponsors of a previous version of the Improving Seniors' Timely Access To Care Act, in partnership with the Regulatory Relief Coalition, were drumming up signatures for a set of letters to HHS Secretary Xavier Becerra and CMS Administrator Chiquita Brooks-LaSure urging CMS to [finalize its two remaining prior authorization rules](#) and to align them with provisions in the stalled legislation.

Specifically, the letters call on CMS to expand on the proposed rules by establishing a mechanism for real-time electronic prior authorization decisions for routinely approved items and services; requiring that plans respond to PA requests within 24 hours for urgently needed care; and requiring detailed transparency metrics related to delays, denials and appeals.

The letters accumulated the support of 233 representatives and 61 senators, according to [the Regulatory Relief Coalition](#). The deadline to sign the letters, [which was originally set for June 9](#), stretched an additional two weeks, with the final signatories joining the campaign on June 21, according to the expert.

"The RRC commends CMS's commitment to reigning in the overreaches of MA plans that delay and deny care through utilization management tools like PA," RRC said in a statement. "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 traditional Medicare."

The House letter is led by Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Ami Bera (D-CA) and Larry Bucshon (R-IN), and the Senate letter is headed by Sens. Roger Marshall (R-KS), Sherrod Brown (D-OH), Kyrsten Sinema (I-AZ) and John Thune (R-SD).

Last year, the Improving Seniors' Timely Access to Care Act garnered 380 combined co-sponsors and unanimously passed the House, [though the bill's high cost led to its exclusion from the year-end omnibus spending deal](#). **The expert said that the letters are intended to show that Congress is behind CMS in its regulatory efforts and also plans to continue pushing for toward passage of the Seniors Act, which is necessary to ensure that the regulations have the full force of law.**

Once finalized, CMS' proposed regulatory changes should help lower the bill's score, which [the Congressional Budget Office informally scored at \\$10 billion in early 2023, about \\$2 billion higher than the bill's proponents anticipated](#), *IHP* first reported.

Other obstacles have also impeded the bill's progress: [DelBene's office told IHP in May](#) that moving forward on policymaking will be easier with the debt deal text locked down, but previously said the debt talks were taking a lot of the oxygen out of the room on everything else — including the MA prior authorization reform bill.

Broadly, prior authorization has fallen under significant scrutiny in recent weeks: [The American Medical Association on Friday \(June 16\)](#) released a resolution to increase oversight of insurers' use of artificial intelligence (AI) in prior authorization processes, but some insurers say that using AI for prior authorization could help improve the quality of patient care.

IHP also reported that [gastroenterologists were urging UnitedHealthcare to toss out its plan to require prior authorization for several scoping procedures starting June 1](#), initially arguing that the move would disrupt care, add burdens to practices and impact patient access at a time when stakeholders are otherwise working to ensure people are catching up on screenings missed during the pandemic.

[UnitedHealthcare in late May decided to scrap its plan](#), and said it would instead require providers use an advanced notification process that the insurer says will not result in denials for medical reasons, *IHP* first reported. But key gastroenterologist lobbies say they won't back the notification program.

Beneficiary advocates, meanwhile, are urging stakeholders to be cognizant that [several grey areas remain in CMS' regulatory efforts to beef up oversight of MA prior authorization](#). The Center for Medicare Advocacy told attendees at a Thursday (May 26) webinar that some areas of the 2024 Medicare Advantage and Part D final rule didn't explicitly set parameters for certain clearly established coverage criteria, flexibilities for national coverage determinations

(NCDs) or local coverage determinations (LCDs), and deference to treating clinicians. --*Bridget Early* (bearly@iwnews.com)