


# RRRC

*Regulatory  Relief Coalition*

Protecting Patients' Timely Access To Care

## Annual Report & Next Steps



Peggy Tighe, J.D., Principal

# POWERS

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ATTORNEYS AT LAW

## January 2023

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Peggy Tighe, J.D., Principal

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# EXECUTIVE SUMMARY

*The Regulatory Relief Coalition was exceptionally successful in the 117<sup>th</sup> Congress, even though the Congressional Budget Office was unable to re-score the coalition's signature legislation (H.R. 3173 / S. 3018) before the end of the session.*

*The coalition gained members and allies, gathered over 500 endorsing organizations, all leading to a key committee actions including passage in the House Ways and Means and Energy and Commerce committees and floor passage – all by unanimous voice votes.*

*The coalition was in close contact with bill champions and leadership staff, advising them on myriad of policy, legal, and political matters throughout the 117<sup>th</sup> session. With nearly 400 Hill visits over the year, RRC gained recognition and strong bipartisan support in the House and Senate.*

*Coalition leaders and staff were frequently quoted in nearly a dozen key media sources often read by policymakers and stakeholders and had a very active presence in social media.*

*The Centers for Medicare & Medicaid proposed rules released in December 2022 largely mirrored the legislation, strong evidence that RRC significantly “moved the needle” on convincing policymakers to protect patients and providers who serve them from the regulatory burdens of prior authorization.*

*We are hopeful that RRC will continue to be an important resource for policymakers as they make Medicare Advantage more transparent, efficient, and effective for Medicare seniors.*

# RRC MEMBERSHIP

- **16 Members** – Medical Specialty Organizations
- **4 Allies** – Allied Groups, Providers & Provider Groups
- Monthly meetings with RRC Members, routinely met with Allies.
- Coordinated strategy with **at least a dozen** other ally organizations.

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# CHAMPIONS

- RRC served as lead, national organization advising champions/staff on legislation.
- RRC collaborated and coordinated efforts with dozens of endorsing organizations.
- Champions/staff worked closely with RRC to enlist leadership and committee staff to advance the bill.
- Champions/staff funneled endorsements and routinely referred Hill, media inquiries to RRC.

## HOUSE



Suzan DelBene  
Washington, 1st District



Mike Kelly  
Pennsylvania, 16th District



Ami Bera  
California, 7th District



Larry Bucshon  
Indiana, 8th District

## SENATE



Roger Marshall  
Kansas, Senator



Kyrsten Sinema  
Arizona, Senator



John Thune  
South Dakota, Senator



Sherrod Brown  
Ohio, Senator



# CO-SPONSORSHIP CAMPAIGN

## ACTION

- Held nearly 400 virtual Hill visits led by RRC members and RRC allies.
- Sent multiple letters to Hill, frequently updated website and shared information with Hill.

## RESULTS

- One of *the* most widely supported bills in 117th Congress.
- 327 House and 53 Senate co-sponsors
- 75% of all Members of the House as co-sponsors (192 D, 135 R)
  - 51 House Energy & Commerce Committee
  - 38 House Ways and Means Committee
  - 9 Senate Finance Committee
  - 41 Problem Solvers Caucus
  - 12 GOP Doctors Caucus
  - 46 Congressional Black Caucus
  - 26 Congressional Hispanic Caucus
  - 56 Congressional Asian Pacific American Caucus
- 53% of Senate (split evenly), 9 on Senate Finance

$\frac{3}{4}$  HOUSE

$\frac{1}{2}$  SENATE

## 2022 YEAR IN REVIEW: RRC KEY ACTIONS

DATE	RRC KEY ACTIONS
Jan.-Dec	Posted relevant press on website, social media
March 8	Hosted Senate Briefing featuring Senators, staff
March	Commented on GAO Mental Health & PA study
April 5	Enlisted Mental Health Liaison Group to endorse
April 27	Commented on OIG PA Report, share with Hill
May 26	Secured Better Medicare Alliance Endorsement
July 27	Worked with Ways & Means, markup and passage
Sept. 12-14	Worked with Energy & Commerce, hearing
Sept. 12-14	Worked with leadership, committee, and champions
Sept. 14	Provided guidance on House floor vote, passage
Sept. – Dec.	Worked with former CBO staff on ways to lower score
Dec. 12	Reviewed CMS rules, advise leadership, champions
Dec. 20	Lobbied for bill in omnibus, rescore by CBO

# SELECT RRC LETTERS

## RRC TO WAYS AND MEANS



January 26, 2022

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

The Honorable Lloyd Doggett  
Ways and Means Committee  
Health Subcommittee  
1102 Longworth House Office Building  
Washington, DC 20515

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

The Honorable Vern Buchanan  
Ways and Means Committee  
Health Subcommittee  
1102 Longworth House Office Building  
Washington, DC 20515

**Subject: Advancing Prior Authorization Legislation**

Dear Chairman Neal, Ranking Member Brady, Chairman Doggett, and Ranking Member Buchanan,

The Regulatory Relief Coalition, a group of national physician specialty organizations advocating for reduced regulatory burdens in Medicare so physicians can spend more time treating patients, writes today to encourage you to advance, this year, bipartisan, bicameral legislation to improve prior authorization. Championed by Representatives Suzan DelBene (D-WA), Mike Kelly (R-PA), Ami Bera, MD (D-CA), and Larry Bucshon, MD (R-IN), H.R. 3173, the Improving Seniors' Timely Access to Care Act of 2021, would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization in the Medicare Advantage (MA) program.

With more than 250 co-sponsors, this legislation is endorsed by over [450 organizations](#) representing patients, health care providers, and the medical technology and biopharmaceutical industry, and others. The legislation enjoys broad support among Ways and Means Committee members, with 68 percent of Democrats and 78 percent of Republicans co-sponsoring the bill. Further, since the introduction of the original version in the 116<sup>th</sup> Congress, the bill has been revised to incorporate detailed input from the Department of Health and Human Services and dozens of stakeholder groups, including the insurance industry. It is, therefore, poised to move.

Over the past 10 years, MA plans and other insurers have substantially increased the use of prior authorization, resulting in significant barriers to medically necessary care that negatively impact patients and providers. For example, according to a recent survey we conducted, prior authorization approvals typically take between 2 to 14 days, but for some they can take from 15 to more than 31 days — sometimes forcing patients to abandon treatment altogether. Our survey also indicates that prior

## RRC TO ENERGY AND COMMERCE



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.

## RRC TO LEADERSHIP



December 1, 2022

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Charles E. Schumer  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Minority Leader  
U.S. Senate  
Washington, DC 20510

Speaker Pelosi, Leader McCarthy, and Leaders Schumer and McConnell:

We strongly urge you to advance the "Improving Seniors' Timely Access to Care Act" (H.R. 3173/S. 3018) in any year-end legislative package under development by the House and Senate.

This legislation would establish an electric prior authorization program in Medicare Advantage (MA) and would require MA plans to provide real-time decisions in response to requests for items and services that are routinely approved. Notably, the legislation was created with the basic policy proposition that Congress can and should ensure proper transparency and oversight of the MA program to protect our nation's seniors. Therefore, the bill would also require MA plans to provide data about their use of prior authorization to the public.

### **Broad Support Exists for the Legislation**

This legislation is unique in its solid bipartisan support, extensive support among all sectors of the health care community, and overwhelming support in Congress. Consider the following:

- With 75% of all Members of the House as co-sponsors (192 Democrats and 135 Republicans), the bill passed by unanimous voice vote on the House floor on September 14, 2022.
- 50 Senators (split evenly by party), nine of whom sit on the Finance committee, are co-sponsors.
- The legislation has garnered over [500 endorsing organizations](#) representing patients, providers, the medical technology and biopharmaceutical industry, and several Medicare Advantage (MA) plans — strong evidence of the bill's widespread appeal for consensus-driven solutions.

### **OMB and GAO Validate the Need for Critical Policy Changes to Better Serve Seniors**

The legislation puts patients first by ensuring they do not needlessly face barriers to medically necessary care created by some MA plans that overuse or misuse prior authorization. In reports issued this year, the Office of the Inspector General and Government Accountability Office raised serious concerns about prior authorization in MA. Multiple press accounts have also

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## RRC TO SENATE FINANCE



January 28, 2022

The Honorable Ron Wyden  
Senate Finance Committee  
219 Dirksen Senate Office Building  
Washington, DC 20515

The Honorable Mike Crapo  
Senate Finance Committee  
219 Dirksen Senate Office Building  
Washington, DC 20515

**Subject: Advancing Prior Authorization Legislation**

Dear Chairman Wyden and Ranking Member Crapo,

The Regulatory Relief Coalition, a group of national physician specialty organizations advocating for reduced regulatory burdens in Medicare so physicians can spend more time treating patients, writes today to encourage you to advance, this year, bipartisan, bicameral legislation to improve prior authorization. Championed by Senators Roger Marshall, MD (R-KS), Kyrsten Sinema (D-AZ), John Thune (R-SD), and Sherrod Brown (D-OH), S.3018, the Improving Seniors' Timely Access to Care Act of 2021, would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization in the Medicare Advantage (MA) program.

With more than 250 co-sponsors, this legislation is endorsed by over [450 organizations](#) representing patients, health care providers, and the medical technology and biopharmaceutical industry, and others. The legislation enjoys broad support among Senate Finance Committee members, with four members of the Committee cosponsoring the bill. Further, since the introduction of the original version in the 116<sup>th</sup> Congress, the bill has been revised to incorporate detailed input from the Department of Health and Human Services and dozens of stakeholder groups, including the insurance industry. It is, therefore, poised to move.

Over the past 10 years, MA plans and other insurers have substantially increased the use of prior authorization, resulting in significant barriers to medically necessary care that negatively impact patients and providers. For example, according to a recent survey we conducted, prior authorization approvals typically take between 2 to 14 days, but for some they can take from 15 to more than 31 days — sometimes forcing patients to abandon treatment altogether. Our survey also indicates that prior authorization requirements impose significant administrative burdens on providers, and in any given week, most physicians must contend with between 11 and 40 prior authorization requests.



# SELECT ENDORSEMENTS/CHAMPION LETTERS

## MENTAL HEALTH COMMUNITY LETTER



April 5, 2022

Representative Suzan DelBene  
U.S. House of Representatives  
2320 Rayburn House Office Building  
Washington, DC 20515

Representative Mike Kelly  
U.S. House of Representatives  
2322 Rayburn House Office Building  
Washington, DC 20515

Senator Roger Marshall  
United States Senate  
479A Russell Senate Office Building  
Washington, DC 20510

Senator John Thune  
United States Senate  
515 Dirksen Senate Office Building  
Washington, DC 20510

Representative Ami Bera  
U.S. House of Representatives  
172 Cannon House Office Building  
Washington, DC 20515

Representative Larry Bucshon  
U.S. House of Representatives  
2313 Rayburn House Office Building  
Washington, DC 20515

Senator Kyrsten Sinema  
United States Senate  
317 Hart Senate Office Building  
Washington, DC 20510

Senator Sherrod Brown  
United States Senate  
509 Hart Senate Office Building  
Washington, DC 20510

RE: MHLG Support for H.R. 3173/S. 2018, The Improving Seniors' Timely Access to Care Act

Dear Representatives DelBene, Kelly, Bera, and Bucshon and Senators Marshall, Sinema, Thune, and Brown,

The undersigned members of the Mental Health Liaison Group (MHLG) — a coalition of national organizations representing consumers, family members, mental health and substance use treatment providers, advocates, and payers committed to strengthening access to mental health care and substance use treatment — write to support and endorse your legislation, the Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 2018).

MHLG members have long championed legislation to ensure that patients have timely access to mental health and substance use services. As you know, communities are facing an unprecedented mental health and substance use crisis, greatly exacerbated by the COVID-19 pandemic. At the same time, many of our groups have seen a significant increase in the use of prior authorization over the last decade, most egregiously during the pandemic.

We understand that your bipartisan legislation would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization in the Medicare Advantage (MA) program. As you know, delays and denials of care can have serious and sometimes devastating effects on patients in need of mental health/substance use treatment and services. Removing barriers to patients' timely access to care should enable providers to spend more time treating patients and less time on bureaucratic hurdles.

## INSURERS ENDORSE LEGISLATION

### Better Medicare Alliance Endorses Bipartisan Legislation to Modernize Prior Authorization for Seniors

*Improving Seniors' Timely Access to Care Act would simplify prior authorization for Medicare Advantage beneficiaries*



Washington, D.C. — Better Medicare Alliance, the nation's leading research and advocacy organization supporting Medicare Advantage, announced its endorsement of [H.R. 3173](#), the [Improving Seniors' Timely Access to Care Act](#).

The bipartisan legislation, sponsored by Reps. [Suzan DelBene \(D-WA\)](#), [Mike Kelly \(R-PA\)](#), [Ami Bera, MD \(D-CA\)](#), and [Larry Bucshon, MD \(R-IN\)](#), would modernize the way Medicare Advantage uses prior authorization as a clinical tool to coordinate beneficiaries' care.

"When it comes to the use of medical management tools like prior authorization, Better Medicare Alliance has always worked on two tracks: seeking to increase understanding about the role of prior authorization in facilitating high-value, clinically appropriate care, while also working to simplify this process for patients and providers alike," said [Mary Beth Donahue, President and CEO of the Better Medicare Alliance](#). "The Improving Seniors' Timely Access to Care Act is a commonsense solution that builds on the work the Medicare Advantage community has been doing to streamline prior authorization for seniors. With Medicare Advantage already delivering nearly \$2,000 in annual savings to consumers and lower per beneficiary spending for payers, this is another way that Medicare Advantage can continue to raise the bar in the delivery of affordable, accessible coverage and care. We are pleased to support this bipartisan measure and look forward to working with CMS, the provider community, and other stakeholders to facilitate a smooth adoption and transition to electronic prior authorization protocols."

"Our legislation will bring prior authorization into the 21<sup>st</sup> Century, leveraging the latest technology to improve Medicare Advantage and health outcomes. We welcome the Better Medicare Alliance's support of these reforms and look forward to working with them to get this bill signed into law," said Reps. [Suzan DelBene \(WA-01\)](#), [Mike Kelly \(PA-16\)](#), [Ami Bera, M.D. \(CA-07\)](#), and [Larry Bucshon, M.D. \(IN-08\)](#), lead sponsors of the House bill.

"Vancouver Clinic is proud to join Better Medicare Alliance in supporting the Improving Seniors' Timely Access to Care Act. We thank the lead House sponsor, Rep. Suzan DelBene, and her colleagues for the many ways this bipartisan bill will help seniors right here in Washington state," said [Mark Mantel, CEO of the Vancouver Clinic](#). "We value our partnership with Medicare Advantage to serve beneficiaries across more than a dozen clinic locations in Washington and Oregon. This bipartisan bill will help providers like ours continue to deliver the timely, compassionate care these seniors have come to know and expect."

"Arizona nurses know firsthand the value of Medicare Advantage to the communities we serve. We also know that our health-care system can do more to place prior authorization on the side of the patient; adopting new standards and fostering improved technology that will better serve our seniors. This bill will help accomplish exactly that. We join Better Medicare Alliance in offering our full support and calling for its immediate passage," said [Heather Ross, PhD, DNP, ANP-BC, FAANP, American Affairs Officer for the Arizona Nurses Association](#).

## HOUSE CHAMPIONS TO HHS

### Congress of the United States

Washington, DC 20510

November 15, 2022

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

The Honorable Susan Rice  
Director  
Domestic Policy Council  
The White House  
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 Medicare 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

## HOUSE CHAMPIONS TO LEADERSHIP

### Congress of the United States

Washington, DC 20510

November 15, 2022

The Honorable Nancy Pelosi  
Speaker  
H-232, The Capitol  
Washington, DC 20515

The Honorable Kevin McCarthy  
House Minority Leader  
H-204, The Capitol  
Washington, DC 20515

Dear Speaker Pelosi and Leader McCarthy:

As the lead sponsors of the Improving Seniors' Timely Access to Care Act (H.R. 3173), we commend your leadership in advancing our legislation to a unanimous voice vote on the House floor on September 14, 2022. Given the significant bipartisan support for this legislation, we ask you to prioritize including this bill in any year-end legislative package under development by the House and Senate.

We are steadfast in our commitment to ensure that patients do not needlessly face barriers to medically necessary care created by some Medicare Advantage (MA) plans, which are overusing or misusing prior authorization. Indeed, this year, the Office of the Inspector General and Government Accountability Office both raised concerns about prior authorization in Medicare — which have been validated by ongoing reports in the media about MA plans.

Medicare Advantage is growing exponentially and will soon insure more than half of all Medicare beneficiaries with more than 28 million people enrolled in a Medicare Advantage plan. To ensure that the MA program can best serve our seniors, we strongly believe that the time is now for Congress to do right by America's seniors and adopt the commonsense reforms included in H.R. 3173.

As you know, the hallmarks of this legislation are that MA plans must establish electric prior authorization programs, provide real-time decisions in response to requests for items and services that are routinely approved, and provide data about their use of prior authorization to the public.

It is rare for legislation to enjoy such overwhelming approval from members of Congress. Furthermore, this legislation is endorsed by 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.

This legislation is exemplary in its support from:

- 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

# RRC ANALYSES

## INTRODUCED BILL VERSUS WAYS AND MEANS REVISED BILL



### Improving Seniors' Timely Access to Care Act Side-by-Side: H.R. 3173 and Amendment in the Nature of a Substitute

OVERVIEW: This side-by-side is intended to detail changes made to the legislation between the House-introduced (H.R. 3137) and the Amendment in the Nature of a Substitute (AINS), which reflects the technical assistance provided by the Centers for Medicare and Medicaid Services. ~~Strikeout~~ is language deleted from the original bill. **Red** indicates relevant language added in the AINS.

H.R. 3173	Amendment in the Nature of a Substitute	Comments
<p><del>A BILL</del></p> <p>To amend title XVIII of the Social Security Act to establish requirements with respect to the use of prior authorization under Medicare Advantage plans, and for other purposes.</p> <p>Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,</p>	<p><b>Removed</b></p>	<p>"Purpose" unnecessary in Chairman's mark</p>
<p>SECTION 1. SHORT TITLE.</p> <p>This Act may be cited as the "Improving Seniors' Timely Access to Care Act of 2021".</p>	<p>This Act may be cited as the "Improving Seniors' Timely Access to Care Act of 2022".</p>	<p>Technical change – updated date</p>
<p>SEC. 2. ESTABLISHING REQUIREMENTS WITH RESPECT TO THE USE OF PRIOR AUTHORIZATION UNDER MEDICARE ADVANTAGE PLANS.</p> <p>(a) In General.—Section 1852 of the Social Security Act (42 U.S.C. 1395w–22) is amended by adding at the end the following new subsection:</p> <p>"(o) Prior Authorization Requirements.—</p>	<p>IN GENERAL.—Section 1852 of the Social Security Act (42 U.S.C. 1395w–22) is amended by adding at the end the following new subsection:</p> <p>"(o) PRIOR AUTHORIZATION REQUIREMENTS.—</p>	<p>Deletes title, no change in meaning or impact</p>
<p>"(1) IN GENERAL.—Beginning with the second plan year beginning after the date of the enactment of this subsection, in the case of a Medicare Advantage plan that imposes any prior authorization requirement with respect to any applicable item or service (other than a covered part D drug) during a plan year, such plan shall</p>	<p>"(1) IN GENERAL.—Beginning with the third plan year beginning after the date of the enactment of this subsection, in the case of a Medicare Advantage plan that imposes any prior authorization requirement with respect to any applicable item or service (as defined in paragraph (5)) during a plan year, such plan shall—</p>	<p>Implementation one year late (CMS request)</p>

## COMPARISON OF CMS PROPOSED RULE AND LEGISLATION

### SUMMARY AND COMPARISON OF H.R. 3173/S. 3018, the Improving Seniors' Timely Access to Care Act and CMS PROPOSED RULE ON ELECTRONIC PRIOR AUTHORIZATION AND TRANSPARENCY

OVERVIEW OF BILL AND RULE: AUTHORITY & IMPLICATIONS		
"IMPROVING SENIORS' TIMELY ACCESS TO CARE ACT OF 2022"	CMS PRIOR AUTH/E-PA RULE	IMPLICATIONS
<p><u>STATUS OF BILL: HOUSE ACTION COMPLETE</u></p> <p>7/12/2022 - House, Motion to place bill on Consensus Calendar filed by Ms. DelBene.</p> <ul style="list-style-type: none"> <li>7/27/2022: House, Ways and Means passes bill by voice vote via "amendment in the nature of a substitute."</li> <li>9/14/2022: House Energy and Commerce, Subcommittee on Health forwarded to Full Committee as amended by voice vote.</li> <li>9/14/2022: House passes bill/voice vote.</li> <li>327 House co-sponsors (75% of House)</li> <li>50 Senate co-sponsors</li> <li><a href="#">Over 500 Endorsing Organizations</a></li> </ul>	<p><u>STATUS OF RELEVANT RULES</u></p> <ul style="list-style-type: none"> <li>CMS published a <a href="#">Proposed rule in December 2020</a> requiring health plans in all programs to adopt the use of application programming interfaces (APIs), as established by the HHS Office of the National Coordinator (ONC). Note that the rule did not include MA.</li> <li>CMS published a <a href="#">Proposed Rule in December 2022</a> that includes MA Plans.</li> </ul>	<p><u>INTERSECTION OF BILL AND RULE</u></p> <ul style="list-style-type: none"> <li>According to CBO, publication of a proposed rule could reduce the score by 50% of the portion of the score covered by the rule and bill (see CBO chart below).</li> <li>The bill and rule are largely aligned (see details to follow).</li> </ul>
<p><u>AUTHORITY: Congress authority to regulate Medicare through the Social Security Act.</u></p> <p>Amends Section 1852 of the Social Security Act (42 U.S.C. 1395w–22)</p> <p><u>Congressional Committee Jurisdiction</u></p> <ul style="list-style-type: none"> <li>House Ways and Means</li> <li>House Energy and Commerce and House Energy and Commerce Subcommittee on Health</li> <li>Senate Finance</li> </ul>	<p><u>AUTHORITY: Medicare Advantage – Under the authorities set by statute, CMS regulates the operations of Medicare Advantage plans.</u></p> <ul style="list-style-type: none"> <li>1856(b)(1) – Promulgate regulations implementing MA standards, including the requirements in section 1852(h)).</li> <li>1857(e)(1) – "necessary and appropriate" contract terms</li> <li>Section 1856(b)(1) –regulatory standards for MA plans/Medicare Part C, Title XVIII.</li> <li>Section 1852(h) and e(1) – MA plans must maintain, give patient access to, accurate</li> </ul>	<p><u>AUTHORITY</u></p> <ul style="list-style-type: none"> <li>Both Congress and CMS have the authority to place requirements on Medicare Advantage plans.</li> <li>Codification of changes via statute is strongest legal means to effectuate desired policy.</li> </ul>

## PRESS, WEBSITE, AND SOCIAL MEDIA

- Members and team spoke with nearly a dozen reporters, many frequently throughout the year and more often toward the end of the session.
- Stories featuring RRC members or staff were in the following publications in 2022.

<b>USAToday</b>	<b>Politico</b>
<b>CQ Roll Call</b>	<b>Inside CMS/Health Policy</b>
<b>ModernHealthcare</b>	<b>Fox News</b>
<b>Bloomberg News</b>	<b>Salon</b>
<b>National Law Review</b>	<b>MedPage Today</b>
<b>Axios</b>	<b>STAT</b>

- Posted nearly 150 stories about Prior Authorization on RRC's Website.
- RRC's Marketing Committee advises and produced dozens of items on Facebook, Twitter, and LinkedIn about RRC Efforts



# SELECT RRC PRESS RELEASES/SENATE BRIEFING

## SENATE INTRODUCTION



CONTACTS  
Media Relations: [mca@arr.org](mailto:mca@arr.org)  
Peggy Tighe: [Peggy.Tighe@PowersLaw.com](mailto:Peggy.Tighe@PowersLaw.com)  
RRC WEBSITE

### Coalition Applauds Senate for Introduction of Prior Auth. Reform Legislation *Coalition Calls for Congressional Action in 2021*

WASHINGTON, DC, October 20, 2021—The Regulatory Relief Coalition (RRC) is thrilled to support legislation introduced this week in the Senate, S. 3018, that mirrors H.R. 3173, the Improving Seniors' Timely Access to Care Act of 2021. Original sponsors of the Senate bill include Senators **Roger Marshall**, MD (R-KS), **Kyrsten Sinema** (D-AZ), and **John Thune** (R-SD).

S. 3018/H.R. 3173 would help protect America's seniors from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program, providing much-needed oversight and transparency of health insurance for Medicare beneficiaries. The legislation would require electronic prior authorization, improve transparency for beneficiaries and providers alike, and increase Centers for Medicare & Medicaid Services (CMS) oversight on how Medicare Advantage (MA) plans use prior authorization.

**Endorsed** by more than 300 national and state patient, physician, health care professional and other health care stakeholder organizations, the House companion legislation reached a significant milestone with over one-half of the U.S. House of Representatives co-sponsoring the legislation earlier this month. The House legislation is led by Reps. **Suzan DelBene** (D-WA), **Mike Kelly** (R-PA), **Ami Bera**, MD, (D-CA), and **Larry Bucshon**, MD, (R-IN).

"We are ready for action," said **John K. Ratliff**, MD, a practicing neurosurgeon at Stanford University. "With the Senate joining the House in this bipartisan, commonsense legislation, Congress is well positioned to act now to ensure that patients receive access to medically necessary services," he added.

"We enthusiastically applaud the Senators who are advancing this legislation," said ophthalmologist **George A. Williams**, MD, Senior Secretary for Advocacy of the **American Academy of Ophthalmology**. "On the heels of the House bill gaining 218 co-sponsors, the Senate's action is an excellent sign that Congress can act now to protect patients," he added.

Based on a consensus statement on prior authorization reform adopted by leading national organizations representing physicians, medical groups, hospitals, pharmacists, and health plans, the Improving Seniors' Timely Access to Care Act of 2021 would:

- Establish an electronic prior authorization (ePA) program and require MA plans to adopt ePA capabilities.
- Require the Secretary of Health and Human Services to establish a list of items and services eligible for real-time decisions under an MA ePA program.

## SENATE BRIEFING



### BRIEFING FEATURING U.S. SENATORS & STAFF

For RRC Members, Allies,  
and Supporting Organizations

*The Improving Seniors' Access  
to Timely Care (S. 3018/H.R. 3173)*

March 8, 2023

## APPLAUDING WAYS & MEANS



**FOR IMMEDIATE RELEASE**  
July 27, 2022

**Contact:** Peggy Tighe  
(202) 256-6241

### Leading Physician Coalition Applauds House Ways and Means Committee for Advancing Legislation to Streamline Prior Authorization in the Medicare Advantage Program

The Regulatory Relief Coalition (RRC) — a group of national physician specialty organizations advocating for reduced regulatory burdens that interfere with patient care — strongly applauds the House Committee on Ways and Means and thanks its Leadership, Chair Richard Neal (D-MA) and Ranking Member Kevin Brady (R-TX), for advancing the Improving Seniors' Timely Access to Care Act.

A key stakeholder in initiating and negotiating the legislation, RRC is pleased that the committee shares our commitment to protecting patients from unnecessary delays in care by streamlining and standardizing prior authorization in the MA program. This committee's markup is a critical step towards fulfilling RRC's goal of ensuring that physicians spend more time treating patients and providing care, and less time on bureaucratic hurdles.

**Coalition founders, the American Academy of Ophthalmology (AAO) and the American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS), are joined by all RRC members in urging Congress to follow the committee's action by passing this bipartisan legislation before the end of this year.** With more than 300 House co-sponsors, and over [500 endorsing organizations](#) representing patients, providers, and the medical technology and biopharmaceutical industry, it is time for this bill to become the law of the land.

"This commonsense, bipartisan bill will help protect patients from an obviously broken system that blocks them from accessing the health care that physicians prescribe for them," said **George A. Williams**, MD, Senior Secretary for Advocacy of the American Academy of Ophthalmology. "The Improving Seniors' Timely Access to Care Act will, for the first time ever, establish an electronic prior authorization system. It will also allow for real-time decisions, full transparency, and real patient protections for America's seniors. Our patients can't wait any longer for relief." - **American Academy of Ophthalmology (AAO)**

"Neurosurgical patients suffer from painful and life-threatening neurologic conditions such as brain tumors, debilitating, degenerative spine disorders, stroke and Parkinson's Disease. They often face permanent neurologic damage and death without timely medical care. Congress needs to hold Medicare Advantage plans accountable and pass the Improving Seniors' Timely Access to Care Act to streamline prior authorization so our patients can get the care they need when they need it," said **John K. Ratliff**, MD, FAANS, a practicing neurosurgeon at Stanford University, and chair of the AANS/CNS Washington Committee. - **American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS)**

## LAUDING CMS PROPOSED RULE



**FOR IMMEDIATE RELEASE**  
Wednesday, December 7, 2022

**Contact:** Peggy Tighe  
(202) 256-6241

### Physician Coalition Lauds Proposed Rule Mirroring House-Passed Bill to Streamline Prior Authorization in Medicare Advantage Program *RRC Concur with CMS that Changes are "overdue, feasible, and would benefit patients and providers."*

WASHINGTON, DC—The Regulatory Relief Coalition (RRC) — a group of national physician specialty organizations advocating for reduced regulatory burdens that interfere with patient care — enthusiastically lauds the Centers for Medicare & Medicaid Services (CMS) for its recently released [proposed rule](#).

The proposed rule's provisions regarding Medicare Advantage (MA) plans closely align with the *Improving Seniors' Timely Access to Care Act (S. 3018/H.R. 3173)*, legislation initiated by the RRC that unanimously passed the House by voice vote in September. If adopted, the proposed rule and the legislation would both require MA plans to address prior authorization requests more promptly — streamlining and simplifying the process to ensure the timely provision of patient care.

The proposal shares many elements of the legislation for improving prior authorization. Most notably, the rule and the bill both:

- Seek to reduce care delays and improve patient outcomes;
- Aim to advance interoperability and improve prior authorization processes by requiring MA plans to adopt electronic prior authorization (E-PA);
- Ensure MA plans respond to prior authorization requests within specific timeframes;
- Require public reporting on the use of prior authorization with specific and detailed transparency on MA prior authorization;
- Support efforts to waive or modify prior authorization requirements based on provider performance; and
- Acknowledge that health plans' proprietary interfaces and web portals through which providers submit their requests remain inefficient and burdensome.

Furthermore, the proposal and the bill also closely align with the stated rationale for improving prior authorization processes. Both the rule and the bill acknowledge that prior authorization:

- Plays an important role in utilization management, but it can be misused or overused, creating considerable challenges for patients, providers, and payers;
- Presents a serious health risk for patients when care is delayed;
- Increases provider and payer burden due to inconsistent payer policies, provider workflow challenges, and unpredictable use of electronic standards; and
- Contributes to significant provider burnout.

# COMPREHENSIVE WEBSITE

[www.regrelief.org](http://www.regrelief.org)



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## Removing regulatory barriers to timely access to care



## S. 3018/H.R. 3173 (117th Congress)

ENDORSE THE LEGISLATION

325+  
Cosponsors

[See House Cosponsors](#)

53  
Cosponsors

[See Senate Cosponsors](#)

506  
Endorsing Organizations

[See Endorsement List](#)

## Prior Authorization in the News

- The American Spectator. Insurance Companies Use Stalling Tactics to Save Themselves Money. January 3, 2023. Richard Menger and Jessica Murfee and Erin Roberts. <https://spectator.org/insurance-companies-use-stalling-tactics-to-save-themselves-money/>

### December 2022

- I&L. Time For Congress To Solve The Prior Authorization Problem For All Americans. December 19, 2022. Terry Wilcox. <https://issuesinsights.com/2022/12/19/time-for-congress-to-solve-the-prior-authorization-problem-for-all-americans/>
- Regulatory Relief Coalition. Physician Coalition Lauds Proposed Rule Mirroring House-Passed Bill to Streamline Prior Authorization in Medicare Advantage Program. December 7, 2022. <https://www.regrelief.org/wp-content/uploads/2022/12/RRC-Press-Release-on-Prior-Auth-Rule-Bill-D1034382-2.pdf>

### November 2022

- Sen. Marshall. "Mind-Numbing" Mental Health Prior Authorization Process Discussed at Senate Hearing. November 30, 2022. <https://www.marshall.senate.gov/newsroom/press-releases/mind-numbing-mental-health-prior-authorization-process-discussed-at-senate-hearing/>
- Fierce Healthcare. Mental health providers decry 'mind-numbing' prior authorization burdens as Senate debates reforms. November 30, 2022. Robert King. <https://www.fiercehealthcare.com/providers/mental-health-providers-decry-mind-numbing-prior-authorization-burdens-senate-debates>

## S. 3018/H.R. 3173 Legislation (117th Congress)

- RRC supports The Improving Seniors' Timely Access to Care Act of 2021, a bill that would...
- Establish an electronic prior authorization (ePA) program and require MA plans to adopt ePA capabilities;
  - Require the Secretary of Health and Human Services to establish a list of items and services eligible for real-time decisions under an MA ePA program;
  - Standardize and streamline the prior authorization process for routinely approved items and services;
  - Ensure prior authorization requests are reviewed by qualified medical personnel;
  - Increase transparency around MA prior authorization requirements and their use; and
  - Protect beneficiaries from any disruptions in care due to prior authorization requirements as they transition between MA plans.

<a href="#">H.R. 3173 Bill Text</a>	<a href="#">117th Cosponsors</a>	<a href="#">One Pager</a>	<a href="#">CRS Report (H.R. 3173)</a>
<a href="#">S. 3018 Bill Text</a>	<a href="#">Side-by-Side</a>	<a href="#">Consensus Statement</a>	<a href="#">CRS Report (S. 3018)</a>
<a href="#">Letter to WBA</a>	<a href="#">Letter to EAC</a>	<a href="#">Letter to Finance</a>	<a href="#">Dear Colleagues</a>
<a href="#">GAO Study</a>	<a href="#">MHLG Letter</a>	<a href="#">OIG Report</a>	<a href="#">Congressional Letter to CMS</a>
<a href="#">ASCO Data Affiliates Endorsement Letter</a>	<a href="#">Better Medicare Alliance Endorsement</a>	<a href="#">Letter to House Leadership</a>	<a href="#">Letter to EHC Health</a>
<a href="#">Letter to House Leadership</a>	<a href="#">Letter to House Administration</a>	<a href="#">Letter to House and Senate Leadership</a>	



# SOCIAL MEDIA EXAMPLES

## Regulatory Relief Coalition

@regrelief

We're a group of national physician specialty organizations. We advocate for Medicare policies that ensure our patients' timely access to the care they need.

Washington, DC Joined June 2019

58 Following 66 Followers

Tweets Tweets & replies Media Likes

Pinned Tweet

**Regulatory Relief Coalition** @regrelief · 20h  
**#BigNews!** The @BMAlliance has endorsed #S3018. @SenSchumer Lets move this bill by the end of the year!

**Better Medicare Alliance** @BMAlliance · Jul 12  
 We're proud to endorse #S3018, @RogerMarshallMD and @SenatorSinema's bipartisan Improving Seniors' Timely Access to Care Act.

Read our announcement with words of support from @AmerPhysGrps, @namikansas, and Senior Helpers of Tempe, Arizona:

[bettermedicarealliance.org/news/better-me...](http://bettermedicarealliance.org/news/better-me...)

1 Like

You Retweeted

**ASCO** @ASCO · Jun 10

This is a clear example of why we need to **#FixPriorAuth** now!! Urge your representatives to pass the Improving Seniors' Timely Access to Care Act [asco.quorum.us/campaign/36017/](http://asco.quorum.us/campaign/36017/) #ASCOAdvocacy

**Coral Olazagasti, MD** @COLazagasti · Jun 9

Over 25 mins in the line for a prior authorization for ZOFRAN for a patient with head and neck cancer on chemoradiation.

Earlier today I was on the line for prior authorization for fluconazole.

I did NOT go to medschool for this. This is beyond tedious and unsustainable 😞

[Show this thread](#)

1 Comment 12 Retweets 23 Likes



**Regulatory Relief Coalition** @regrelief · Jun 6

**#ICYMI** @BMAlliance, a coalition of health organizations including plans, providers, and patients, endorsed #S3018/HR3173! Next stop: Markup in @WaysMeansCmte @EnergyCommerce @SenFinance

1 Retweet 2 Likes



**Regulatory Relief Coalition** @regrelief · Jun 6

**#ICYMI** @BMAlliance, a coalition of health organizations including plans, providers, and patients, endorsed #S3018/HR3173! Next stop: Markup in @WaysMeansCmte @EnergyCommerce @SenFinance

1 Retweet 2 Likes



**Regulatory Relief Coalition** @regrelief · May 27

**#Breakingnews** Yesterday, the @BMAlliance, a coalition of health organizations including plans, providers, and patients endorsed #S3018/HR3173 to bring more transparency and electronic prior authorization to #MedicareAdvantage beneficiaries.

9 Retweets 13 Likes

You Retweeted

**Regulatory Relief Coalition** @regrelief · May 16

@WaysMeansCmte H.R. 3173 has over 290 cosponsors! Time to mark-up the bill and stop care delays. **#fixpriorauth**

**Rep. Suzan DelBene** @RepDelBene · May 12

Major step forward for #PriorAuth reform. My bill to modernize this practice reached a critical milestone teeing it up for a vote.

Seniors shouldn't have routine care delayed unnecessarily & providers shouldn't have to deal w/ deliberately difficult paperwork.

RT if you agree.

16 Retweets 16 Likes

You Retweeted

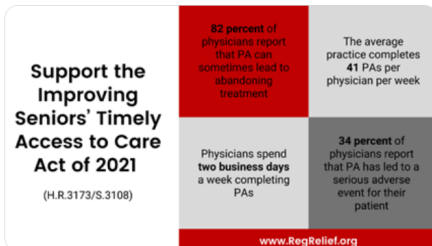


**Neurosurgery** @neurosurgery · Jul 11

The Improving Seniors' Timely Access to Care Act (**#HR3173/#S3018**) is endorsed by 500 organizations, representing:

- ✓Patients
- ✓Physicians
- ✓Hospitals
- ✓Bio-Pharma
- ✓MedTech
- ✓All 50 states

It's time for Congress to pass this bill to **#FixPriorAuth!**



You and 9 others

9 Retweets 10 Likes



**Regulatory Relief Coalition** @regrelief · Jun 29

Thank you @RepLarryBucshon for highlighting the importance of limiting administrative burdens and providing more information to patients. We agree! Lets get **#HR3173** to the floor and pass the Improving Seniors' Timely Access to Care Act.

**Larry Bucshon, MD** @RepLarryBucshon · Jun 28  
**#MedicareAdvantage** provides high quality, affordable health insurance coverage to more than 28 million seniors. Let's make sure the program works for them by passing my bipartisan Improving Seniors' Timely Access to Care Act. [bucshon.house.gov/news/documents...](http://bucshon.house.gov/news/documents...)



4:09 218 views 5 Likes

You Retweeted



**Michael Burgess, MD** @michaelsburgess · Jun 28

I co-sponsored HR 3173 and introduced **#GoldCardAct** of 2022. Both bills address the burden of prior authorization and streamline access to care for American people.

**Regulatory Relief Coalition** @regrelief · Jun 28

Thank you @RepKimSchrier @michaelsburgess for discussing the burdens of prior authorization and the benefits of **#HR3173** the Improving Seniors' Timely Access to Care Act during today's @EnergyCommerce hearing on #medicareadvantage.

3 Comments 2 Retweets 8 Likes



**Regulatory Relief Coalition** @regrelief · Jun 28

Thank you @RepKimSchrier @michaelsburgess for discussing the burdens of prior authorization and the benefits of **#HR3173** the Improving Seniors' Timely Access to Care Act during today's @EnergyCommerce hearing on #medicareadvantage.

5 Retweets 5 Likes

# END OF YEAR EFFORTS, INTERSECTION OF BILL & RULES

## 2022 END OF YEAR

- CBO published score the night before floor vote with a cost of \$16 billion.
- Bill champions requested CBO score more than a year prior to House floor action.
- CBO said that its baseline was derived from their single payer legislation cost analysis.
- CBO told Hill staff that proposed rules on point with the bill would cut the score down by about half; a final rule could reduce the score to zero.
- Timing of CBO score did not stop passage on House floor but impeded ability to include the bill in the final 117<sup>th</sup> Congress omnibus package.

## RULES RELEASED

- Three agency rules published in December closely mirrored the direction and provisions of the bill.
- The first CMS rule provided detailed economic analysis concluding that savings are achievable when prior authorization is managed, made transparent.
- RRC argued that the new economic analysis could provide a new baseline for CBO.
- CBO said it did not have enough time to rescore the bill for omnibus in 2022.

# PROSPECTS FOR BILLS GOING FORWARD

## **2023: VERY REAL POSSIBILITY OF BILL PASSAGE**



- While the bill was on list for end of year consideration, CBO's inability to score the bill in time to be included in the omnibus stopped final passage in 2022.
- Passing a bipartisan law will be the logical next step for Congress in the 118th, to ensure codification of these important policies in bipartisan legislation.
- Speaker McCarthy's staff asked CBO to rescore the bill in mid-January, strongly encouraging CBO to use CMS economic analysis for the rescore.
- CBO's rescoring of the bill will dictate legislative strategy & action going forward
- Rescore expected in the next few weeks; goal is to achieve a ZERO or minimal score.
- With a zero or minimal score, the bill could advance in the House on a suspension vote and in the Senate by unanimous consent.
- Champions plan to reintroduce the legislation in the early spring, dependent on the CBO rescore.

# PROSPECTS FOR RULES GOING FORWARD

## REGULATORY ACTION OVERVIEW

- Proposed MA plan & e-prior auth rules align closely with the bill, evidencing agency commitment to RRC-advanced policies.
- RRC established Regulatory Work Group, key issues identified, plan to submit comments on CMS rules.

## THEMES FOR RRC COMMENT ON RULES

- RRC ***strongly*** lauded the rules and believes that they were driven by RRC advocacy, including collaboration with our Hill champions.
- CMS should adopt modest changes that mirror provisions in the Improving Seniors' Access bill.
- RRC Comments expected to focus on...
  - Deadlines for prior authorization decisions
  - Transparency
  - E-prior authorization/real time decisions
  - Part D drugs/Part B step therapy
  - Continuity of care
  - MA plans' coverage policies, including disclosure of coverage determinations and policies criteria
  - Effect of prior approval on reimbursement
  - Coverage of procedures related to preapproved services
  - Peer-to-peer review processes/decisions
  - Enforcement and oversight

## MEMBER & ALLY ACKNOWLEDGEMENT

*None of the work done in 2022 or in the preceding six years would have been achievable without the vision and insight of the American Academy of Ophthalmology (AAO) and the American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS), RRC founders who serve as key coalition leaders. Many other RRC members and allies have provided significant contributions to the coalition's efforts, including:*

- The Medical Group Management Group provided significant research, surveys, and analysis.*
- Representatives from the AAO, AANS/CNS, American Osteopathic Association (AOA), and the American College of Surgeons (ACS) were particularly active and instrumental in our lobbying efforts.*
- The American Academy of Family Physicians, American Academy of Neurology, AANS/CNS, ACS, and National Association of Spine Specialists (NASS), American College of Rheumatology (ACR), all participated in RRC's Marketing Committee.*
- All member organizations were active in grassroots engagement with special mention of the American Academy of Orthopedic Surgeons, American Academy of Physical Medicine and Rehabilitation, American College of Cardiology, ACR, ACS, American Gastroenterological Association, AOA, Association for Clinical Oncology, NASS, and the Society for Cardiovascular Angiography and Interventions.*

*RRC allies Premier, Inc., the American Medical Rehabilitation Providers Association, Select Medical, and National Association for Proton Therapy also play a pivotal role in lobbying, grassroots, social media engagement, and analysis.*