Annual Report & Next Steps

Peggy Tighe, J.D., Principal

January 2023
TABLE OF CONTENTS

• Executive Summary
• RRC Membership
• Champions
• Co-Sponsorship Campaign
• 2022 Year In Review: RRC Key Actions
  o Select RRC Letters
  o Select Endorsements/Champion Letters
  o RRC Analyses
• Press, Website, & Social Media
  o Select RRC Press Releases/Senate Briefing
  o Website Clips
  o Social Media Examples
• End of Year Efforts: Intersection of Bills & Rules
• Prospects for Action: Bills & Rules
• Member & Ally Acknowledgement
The Regulatory Relief Coalition was exceptionally successful in the 117th 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 117th 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.

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>ALLIES</th>
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<tbody>
<tr>
<td>American Academy of Family Physicians</td>
<td>Select Medical</td>
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<tr>
<td>American Academy of Neurology</td>
<td>American Medical Rehabilitation Provider Association (AMRPA)</td>
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<tr>
<td>American Academy of Ophthalmology</td>
<td>The National Association for Proton Therapy (NAPT)</td>
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<tr>
<td>American Association of Orthopaedic Surgeons</td>
<td>AMRPA</td>
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<tr>
<td>American College of Cardiology</td>
<td>AFSP (American Federation for Cancer Research)</td>
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<tr>
<td>American College of Radiology</td>
<td>ALS (American Lung Society)</td>
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<tr>
<td>American College of Rheumatology</td>
<td>ASCO (American Society for Clinical Oncology)</td>
</tr>
<tr>
<td>American Osteopathic Association</td>
<td>ACR (American College of Radiology)</td>
</tr>
<tr>
<td>American Gastroenterological Association</td>
<td>AAOS (American Academy of Orthopaedic Surgeons)</td>
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<td>American Society for Medical Physics</td>
<td>AGA (American Gastroenterological Association)</td>
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<td>Congress of Neurological Surgeons</td>
<td>AOA (American Osteopathic Association)</td>
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<td>Medical Group Management Association</td>
<td>ASCO (American Society for Clinical Oncology)</td>
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<tr>
<td>National Association of Spine Specialists</td>
<td>ACR (American College of Radiology)</td>
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<tr>
<td>Society for Cardiovascular Angiography &amp; Interventions</td>
<td>AFSP (American Federation for Cancer Research)</td>
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**Regulatory Relief Coalition**
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.
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)
  o 51 House Energy & Commerce Committee
  o 38 House Ways and Means Committee
  o 9 Senate Finance Committee
  o 41 Problem Solvers Caucus
  o 12 GOP Doctors Caucus
  o 46 Congressional Black Caucus
  o 26 Congressional Hispanic Caucus
  o 56 Congressional Asian Pacific American Caucus
• 53% of Senate (split evenly), 9 on Senate Finance

¾ HOUSE ½ SENATE
<table>
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<tr>
<th>DATE</th>
<th>RRC KEY ACTIONS</th>
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<tbody>
<tr>
<td>Jan.-Dec</td>
<td>Posted relevant press on website, social media</td>
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<tr>
<td>March 8</td>
<td>Hosted Senate Briefing featuring Senators, staff</td>
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<tr>
<td>March</td>
<td>Commented on GAO Mental Health &amp; PA study</td>
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<tr>
<td>April 5</td>
<td>Enlisted Mental Health Liaison Group to endorse</td>
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<tr>
<td>April 27</td>
<td>Commented on OIG PA Report, share with Hill</td>
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<td>May 26</td>
<td>Secured Better Medicare Alliance Endorsement</td>
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<tr>
<td>July 27</td>
<td>Worked with Ways &amp; Means, markup and passage</td>
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<tr>
<td>Sept. 12-14</td>
<td>Worked with Energy &amp; Commerce, hearing</td>
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<tr>
<td>Sept. 12-14</td>
<td>Worked with leadership, committee, and champions</td>
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<tr>
<td>Sept. 14</td>
<td>Provided guidance on House floor vote, passage</td>
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<td>Sept. – Dec.</td>
<td>Worked with former CBO staff on ways to lower score</td>
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<tr>
<td>Dec. 12</td>
<td>Reviewed CMS rules, advise leadership, champions</td>
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<tr>
<td>Dec. 20</td>
<td>Lobbied for bill in omnibus, rescore by CBO</td>
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SELECT RRC LETTERS

RRC TO WAYS AND MEANS

January 26, 2022

The Honorable Richard Neal
Ways and Means Committee
1020 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ways and Means Committee
1020 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 (RRC), a group of national physician specialty organizations advocating for reduced regulatory burdens in Medicare so physicians can spend more time treating patients, write today to encourage you to advance, this year, bipartisan, bicameral legislation to improve prior authorization. Championed by Representatives Susan Davis (D-CA), Mike Kelly (R-PA), and Julie Bushby, MD (R-IN), HR 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 150 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 88 percent of Democrats and 78 percent of Republicans co-sponsoring the bill. Further, since the introduction of the original version in the 116th 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 approval typically takes between 2 to 14 days, but for some它可以 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
2430 Rayburn House Office Building
Washington, DC 20515

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

Dear Chairman 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 150 total House cosponsors — we are eager to see the bill advance in the House and on to the Senate for subsequent consideration. With over 150 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 routine and 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 2, 2022

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

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20510

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

We strongly urge you to advance the “Improving Seniors’ Timely Access to Care Act” (HR 3173) 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 clinically appropriate. Notably, the legislation was created with the broad support of Congress 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 decision time used at the rate of prior authorization to the public.

Bread and butter bills for the Legislation

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

- With 70% of all Members of the House as co-sponsors (340 Democrats and 160 Republicans), the bill has been sponsored by 250 by unanimous voice vote on the House floor on September 14, 2022.
- Over 20 Members (30 currently) of the Senate as co-sponsors, including 150 organizations representing patients, providers, and the medical technology and biopharmaceutical industry, and several Medicare Advantage (MA) plans — strong evidence of the bill’s widespread appeal for consensus-driven solutions.
- Grid and Grid validated the need for Critical Policy Changes to better serve seniors.

RRC TO SENATE FINANCE

January 28, 2022

The Honorable Ron Wyden
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20513

The Honorable Mike Crapo
Senate Finance Committee
220 Dirksen Senate Office Building
Washington, DC 20510

Subject: Advancing Prior Authorization Legislation

Dear Chairman Wyden and Ranking Member Crapo,

The Regulatory Relief Coalition (RRC), a group of national physician specialty organizations advocating for reduced regulatory burdens in Medicare so physicians can spend more time treating patients, write today to encourage you to advance, this year, bipartisan, bicameral legislation to improve prior authorization. Championed by Senators Roger Marshall, MD (R-KS), Kirsten Sinema (D-AZ), John Thune (R-SD), and Sherrill Brown (D-OH), 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 150 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 116th 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 approval typically takes between 2 to 14 days, but for some it 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 31 and 40 prior authorization requests.
Mental Health Community Letter

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 national 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. Susan DelBene (D-WA), Mike Kelly (R-PA), and Raja, MD (D-CA), and Larry Kissell, MD (D-NC), would move the way Medicare Advantage plans process requests for services indicated to continue beneficiaries care.

“When it comes to the area of medical management, the prior authorization, Better Medicare Alliance has always worked on law makers to ensure an understanding of the role of prior authorization to facilitate high-quality, clinically appropriate care, while also working to simplify the process for patients and providers alike,” said Mary Beth Kinzie, President and CEO of the Better Medicare Alliance. “The Improving Seniors’ Timely Access to Care Act is a commonsense solution that sets the work for the Medicare Advantage community by removing unnecessary barriers for seniors. With Medicare Advantage already delivering nearly $250 billion in annual savings to consumers and in savings for Medicare funding, the legislation that Medicare Advantage can continue to deliver the affordability, accessibility, coverage, and care. People plan to support this bipartisan legislation and look forward to working with CMS, (the provider community), and other stakeholders to facilitate a smooth adoption and transition to electronic prior authorization processes.”

“Our legislation will bring prior authorization into the 21st century, leveraging the latest technology to improve Medicare Advantage and healthcare quality. We welcome Better Medicare Alliance’s support in these efforts and look forward to working with them to get this bill passed and into law,” said Reps. Susan DelBene (D-WA), Mike Kelly (R-PA), and Raja, MD (D-CA), and Larry Kissell, MD (D-NC), co-sponsors of the bill.

“REPRESENTATIVES FROM THE HOSPITAL MEDICAL ALLIANCE ARE ENDORsing THE IMPROVING SENIORS’ TIMELY ACCESS TO CARE ACT. WE THANK THE LEAD HOUSE SPONSORS, SENS. SUSAN DELBENE, AND HER COLLEAGUES FOR THEIR SUPPORT FOR THIS BILL THAT WILL HELP PROVIDERS CARE RIGHT HERE IN WASHINGTON DC.”

We are writing to request that the Administration release the proposed rule — “Interoperability and Prior Authorization for MA Organizations, Medicare and CHIP Managed Care and State Agencies, FTCA Insurers, EPSO Eligible Clinicians, Eligible Hospitals and CAO” (CMS-9057) — 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 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 hallmark of our legislation is that it is a straightforward and easy-to-understand bill that provides the real-time decision for items and services that are already completed, as well as transparency requirements on how MA plans are prioritizing applications. It also requires a new standard that the elderly and more vulnerable populations are insured under.

We are committed to the following:

- Easy-to-understand, streamlined process for MA plans
- Transparency in decisions made by providers
- Prior authorization decisions made the same day

Please consider supporting this legislation. We are confident that it will move forward. We look forward to your support.

We are confident that this legislation will be supported by the broader community and help ensure that seniors have access to the care they need.

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## RRC ANALYSES

### INTRODUCED BILL VERSUS WAYS AND MEANS REVISED BILL

**Overview:** This side-by-side is intended to detail changes made to the legislation between the House-introduced (H.R. 3173) and the Amendment in the Nature of a Substitute (AINS), which reflects the technical assistance provided by the Centers for Medicare and Medicaid Services.

- Bold text indicates language deleted from the original bill.
- Red indicates relevant language added in the AINS.

#### Comparison Table

<table>
<thead>
<tr>
<th>H.R. 3173</th>
<th>Amendment in the Nature of a Substitute</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Title:</strong> 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.</td>
<td>Removed</td>
<td>“Purpose” unnecessary in Chairman’s mark</td>
</tr>
<tr>
<td>Section 1. Short Title. This Act may be cited as the “Improving Seniors’ Timely Access to Care Act of 2021”</td>
<td></td>
<td>Technical change – updated date</td>
</tr>
<tr>
<td>Section 2. Establishing requirements with respect to the use of prior authorization under Medicare Advantage Plans: (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: (c) Prior Authorization Requirements.</td>
<td>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: “(c) Prior Authorization Requirements.”</td>
<td>Deletes this, no change in meaning or impact</td>
</tr>
<tr>
<td><em>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</em></td>
<td><em>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 (3)) during a plan year, such plan shall</em></td>
<td>Implementation one year late (CMS request)</td>
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### 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

<table>
<thead>
<tr>
<th>Status of Bill: House Action Complete</th>
<th>CMS Prior Auth/E-PA Rule</th>
<th>Implications</th>
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<tbody>
<tr>
<td><strong>Overview of Bill and Rule: Authority &amp; Implications</strong></td>
<td><strong>Status of Relevant Rules</strong></td>
<td><strong>Intersection of Bill and Rule</strong></td>
</tr>
<tr>
<td>7/12/2022 - House, Motion to place bill on Consent Calendar filed by Ms. Delbeke</td>
<td>- CMS published a Proposed rule in December 2020 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.</td>
<td>- 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).</td>
</tr>
<tr>
<td>9/14/2022: House Energy and Commerce, Subcommittee on Health forwarded to Full Committee as amended by voice vote.</td>
<td>- CMS published a Proposed Rule in December 2022 that includes MA Plans.</td>
<td>- The bill and rule are largely aligned (see details to follow).</td>
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<td>9/14/2022: House passes bill/vote.</td>
<td></td>
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<td>9/14/2022: House passes bill/vote.</td>
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<tr>
<td>Overview of Authorizing Organizations</td>
<td>- House Ways and Means</td>
<td>- Authority: Congress has authority to regulate Medicare through the Social Security Act.</td>
</tr>
<tr>
<td>Amends Section 1852 of the Social Security Act (42 U.S.C. 1395w-22)</td>
<td>- House Energy and Commerce and House Energy and Commerce Subcommittee on Health</td>
<td>- Authority: Medicare Advantage – under the authorities set by statute, CMS regulates the operations of Medicare Advantage plans.</td>
</tr>
<tr>
<td>Congressional Committee Jurisdiction</td>
<td>- Senate Finance</td>
<td>- Codification of changes via statute is strongest legal means to effectuate desired policy.</td>
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**Authority:** Congress has authority to regulate Medicare through the Social Security Act.

**CMS Prior Auth/E-PA Rule:**

- CMS published a Proposed rule in December 2020 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.
- CMS published a Proposed Rule in December 2022 that includes MA Plans.

**Proposed Rule:**

- 1856(b)(1) - Promulgate regulations implementing MA standards, including the requirements in section 1852(b).
- 1857(e)(1) - “necessary and appropriate” contract terms
- Section 1856(b)(1) - Regulatory standards for MA plans/Medicare Part C, Title XVIII.
- Section 1852(b) and e(1) - MA plans must maintain a prior authorization process.
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.

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<th>USAToday</th>
<th>Politico</th>
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<tr>
<td>CQ Roll Call</td>
<td>Inside CMS/Health Policy</td>
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<tr>
<td>ModernHealthcare</td>
<td>Fox News</td>
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<tr>
<td>Bloomberg News</td>
<td>Salon</td>
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<tr>
<td>National Law Review</td>
<td>MedPage Today</td>
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<tr>
<td>Axios</td>
<td>STAT</td>
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• 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.
Selective RRC Press Releases/Senate Briefing

Senate Introduction

Coalition Applauds Senate for Introduction of Prior Auth. Reform Legislation Coalition Calls for Congressional Action in 2023

WASHINGTON, DC—October 20, 2023—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’ Access to Care Act of 2023. Original sponsors of the Senate bill include Senators Roger Marshall, R-KS, Kirsten Streicker, D-NJ, and John Thune, R-SD.

The legislation 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 transparency and oversight to health insurance for Medicare beneficiaries. The legislation would also revise 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.

Others

Elected by more than 100 national and state patient, physician, health care professional and other health care stakeholders organizations, the Coalition is comprised of leading medical groups, including the American Academy of Neurology, the American Association of Neurological Surgeons, the American Society of Neurosurgeons, the American College of Radiology, and the American Thoracic Society.

“We are ready for action,” said Jacob E. Reiff, MD, a practicing neurosurgeon at Stanford University. “With the Senate taking the lead in this bipartisan, consensus-based legislation, Congress can work together 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 opthalmologist 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 Senator’s action is an excellent sign that Congress can act now to protect patients,” he added.

The Coalition has signed a consensus statement on prior authorization reform adopted by leading national organizations representing physicians, medical groups, hospitals, pharmacists, and health plans, the Improving Seniors’ Access to Care Act of 2023 would:

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

Lauding CMS Proposed Rule

For Immediate Release
Contact: Peggy Tighe
(202) 256-6241

Physician Coalition Lauds Proposed Rule Mirroring House-Passed Bill to Streamline Prior Authorization in Medicare Advantage Program

WASHINGTON, DC—The Regulatory Relief Coalition (RRC) — a group of national physician specialty associations 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’ Access to Care Act (S. 3018/H.R. 3173), legislation initiated by 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 requirements 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 address transparency and improve prior authorization processes by requiring MA plans to adopt electronic prior authorization (ePA).
- 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.
- Acknowledge that health plans’ proprietary interfaces and web portals through which providers submit their requests remain inefficient and time-consuming.

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.

Coalition leaders believe that the improved MA parallel provides a significant source of needed transparency and accountability for patients, providers, and payers.

Coalition.

Contact:
Peggy Tighe
(202) 256-6241

For Immediate Release
July 27, 2023

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 — applauds the House Committee on Ways and Means and its leadership, Chair Richard Neal (D-MA) and Ranking Member Kevin Brady (R-CT), for advancing the Improving Seniors’ Access to Care Act of 2023.

A key stakeholder in initiating and negotiating the legislation, RRC is pleased that the committee shares our commitment to promoting timely and patient-focused care, and is working to standardize and prioritize authorization in MA plans.

The coalition leaders believe that the improved MA parallel provides a significant source of needed transparency and accountability for patients, providers, and payers.

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COMPREHENSIVE WEBSITE
www.regrelief.org

Removing regulatory barriers to timely access to care

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

ENDORSE THE LEGISLATION

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

Prior Authorization in the News


December 2022


November 2022

SOCIAL MEDIA EXAMPLES

Regulatory Relief Coalition @regrelief - Jun 20
Thank you @RepLarryBucshon for highlighting the importance of limiting administrative burdens and providing more information to patients. We agree! Let's get H.R 3173 to the floor and pass the Improving Seniors' Timely Access to Care Act.

Larry Bucshon, MD @RepLarryBucshon - Jun 28
Medicare Advantage 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...

Regulatory Relief Coalition @regrelief - Jun 19
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, D.C. Joined June 2019
50 Following 66 Followers

Tweets Tweets & replies Media Likes

Pinned Tweet
Regulatory Relief Coalition @regrelief - 20h
#BigNews! The @BM Alliance has endorsed #53018. @SenSchumer Lets move this bill by the end of the year!

Better Medicare Alliance @BM Alliance - Jul 12
We're proud to endorse #53018. @RogerMarshallMD and @SenatorSinema's bipartisan Improving Seniors' Timely Access to Care Act.

Read our announcement with words of support from @AmerPhysGps, @samHkansas, and Senior Helpers of Tempe, Arizona.
bettermedicarealliance.org/news/better-me-

You Retweeted
Neurosurgery @neurosurgery - Jul 11
The Improving Seniors' Timely Access to Care Act (H.R.3173/P.S.3018) 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!

Support the Improving Seniors' Timely Access to Care Act of 2021 (H.R.3173/S.3108)

- 62 percent of physicians report that PA can sometimes lead to astonishing treatment
- The average practice completes 41 PA's per physician per week
- 34 percent of physicians report that PA has led to a serious adverse event for their patient

www.regrelief.org

You and 9 others

You Retweeted
Regulatory Relief Coalition @regrelief - Jun 6
#ICYMI @BM Alliance, a coalition of health organizations including plans, providers, and patients, endorsed #53018/H.R.3173! Next stop: Markup in @WaysMeansCmte @EnergyCommerce @Semfinance

You Retweeted
Regulatory Relief Coalition @regrelief - Jun 6
#ICYMI @BM Alliance, a coalition of health organizations including plans, providers, and patients, endorsed #53018/H.R.3173 to bring more transparency and electronic prior authorization to #MedicareAdvantage beneficiaries.

Regulatory Relief Coalition @regrelief - May 27
#BigNews! Yesterday, the @BM Alliance, a coalition of health organizations including plans, providers, and patients endorsed #53018/H.R.3173 to bring more transparency and electronic prior authorization to #MedicareAdvantage beneficiaries.

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 with deliberately difficult paperwork. RT if you agree.

You Retweeted
Michael Burgess, MD @michaelburgess - 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 @michaelburgess for discussing the burdens of prior authorization and the benefits of H.R.3173 the Improving Seniors' Timely Access to Care Act during today's @EnergyCommerce hearing on MedicareAdvantage.

You Retweeted
Regulatory Relief Coalition @regrelief - Jun 28
Thank you @RepKimSchrier @michaelburgess for discussing the burdens of prior authorization and the benefits of H.R.3173 the Improving Seniors' Timely Access to Care Act during today's @EnergyCommerce hearing on MedicareAdvantage.
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 117th 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.
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...
  o Deadlines for prior authorization decisions
  o Transparency
  o E-prior authorization-real time decisions
  o Part D drugs/Part B step therapy
  o Continuity of care
  o MA plans’ coverage policies, including disclosure of coverage determinations and policies criteria
  o Effect of prior approval on reimbursement
  o Coverage of procedures related to preapproved services
  o Peer-to-peer review processes/decisions
  o Enforcement and oversight
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.