



August 3, 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 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

On behalf of the American College of Physicians (ACP), I am writing to share our strong support for H.R. 8487, the Improving Seniors Timely Access to Care Act that was recently approved by the House Ways and Means Committee. This legislation would help protect patients from unnecessary delays in care and reduce administrative burdens on physicians by standardizing and streamlining the prior authorization approval process in the Medicare Advantage (MA) program. This legislation, as originally introduced, has gained the support of more than 300 cosponsors and approximately [500](#) physician, hospital, and patient organizations.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 160,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions such as diabetes, heart disease and asthma.

We appreciate the leadership of Representatives DelBene and Kelly in sponsoring the original version of this legislation, H.R. 3173, the Improving Seniors Timely Access to Care Act, to simplify the prior authorization process to determine if a prescribed procedure, service, or medication is covered by a health plan in Medicare Advantage (MA). This bill is consistent with ACP's [Patients Before Paperwork](#) initiative to reinvigorate the patient-physician relationship and improve patient care by challenging unnecessary practice burdens.

The current process for prior authorization approval in MA and in health plans is especially burdensome for physicians and payers, whether public or private, who have their own approaches, rules, and requirements for prior authorization. This process is also costly for physician practices and can take time away from patient care. [Studies](#) show the average annual

cost for prior authorization approval on primary care practices ranged from \$2,161 to \$3,430 per full time physician. In addition to these studies, the Department of Health and Human Services issued a [report](#) that detailed abuse in the prior authorization process in which “Medicare Advantage insurers sometimes delayed or denied beneficiaries’ access to services, even though the requests met Medicare coverage rules.” These issues are of great concern to all practicing physicians but are particularly burdensome for smaller practices that may not have the staff or workflows available to address the additional administrative work, potentially impeding access to care in underserved areas with clinician workforce shortages.

We are pleased that this legislation, as amended and approved by the House Ways and Means Committee, includes the key provisions of the original version of this bill, which we [supported](#), to reduce burdens associated with prior authorization and improve and simplify this process by:


- Mandating that all MA plans adopt electronic prior authorization capabilities to streamline the process for prior authorization approval.
- Protecting beneficiaries from any disruptions in care due to prior authorization requirements as they transition between MA plans.
- Standardizing the process and procedures for reporting electronic prior authorization criteria to MA plans.

We are also pleased that the new version of the Improving Seniors Timely Access to Care Act includes additional provisions that would mandate that all MA plans issue prompter prior authorization decisions. We appreciate that it includes a requirement for health plans to provide real-time prior authorization decisions for routinely approved services. It also directs MA plans that are unable to meet these real-time prior authorization decisions due to extenuating circumstances to issue final prior authorization decisions within a 72-hour and 24-hour time period for regular and urgent services, respectively. We also support additional provisions that will require faster prior authorization decisions for all other services in commercial insurance plans within Medicare.

ACP has long identified reducing unnecessary administrative tasks as an important objective and has developed a series of policies with this goal in mind including: the [Patients Before Paperwork Initiative](#), [Putting Patients First by Reducing Administrative Tasks in Health Care](#), and [Promoting Transparency and Alignment in Medicare Advantage](#). The growing number of administrative tasks imposed on physicians adds unnecessary costs to the U.S. health care system and individual physician practices. Excessive administrative tasks also divert time and focus from more clinically important activities of physicians and their staffs, such as providing actual care to patients and preventing patients from receiving timely and appropriate care or treatment.

We commend the House Ways and Means Committee for approving H.R. H.R. 8487, the Seniors Timely Access to Care Act and urge its approval in the House without delay. Should you have any questions regarding this letter, please do not hesitate to contact, Brian Buckley, Senior Associate for Legislative Affairs at bbuckley@acponline.org.

Sincerely,

A handwritten signature in black ink, appearing to be "RDM", enclosed within a large, loopy oval scribble.

Ryan D. Mire, MD, FACP
President