

## SIGN ON LETTER TO ALL HOUSE MEMBERS

The undersigned patient, physician, health care professional, and other health care stakeholder organizations strongly support the *Improving Seniors' Timely Access to Care Act* (H.R. 3107) recently introduced by Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Roger Marshall, MD (R-KS), and Ami Bera, MD (D-CA). This bipartisan legislation would help protect patients 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 America's seniors. We urge you to join your colleagues in supporting this important legislation.

Based on a [consensus statement](#) on prior authorization reform adopted by leading national organizations representing physicians, medical groups, hospitals, pharmacists, and health plans, the legislation would facilitate electronic prior authorization, improve transparency for beneficiaries and providers alike, and increase Centers for Medicare & Medicaid Services (CMS) oversight on how Medicare Advantage plans use prior authorization. Specifically, the bill would:

- Create an electronic prior authorization program including the electronic transmission of prior authorization requests and responses and a real-time process for items and services that are routinely approved;
- Improve transparency by requiring plans to report to CMS on the extent of their use of prior authorization and the rate of approvals or denials;
- Require plans to adopt transparent prior authorization programs that are reviewed annually, adhere to evidence-based medical guidelines, and include continuity of care for individuals transitioning between coverage policies to minimize any disruption in care;
- Hold plans accountable for making timely prior authorization determinations and to provide rationales for denials; and
- Prohibit additional prior authorization for medically-necessary services performed during a surgical or invasive procedure that already received, or did not initially require, prior authorization.

The demand and need for such reforms is growing — particularly as more seniors choose Medicare Advantage for their health insurance needs. According to a recently released Kaiser Family Foundation report, "*A Dozen Facts About Medicare Advantage in 2019*," Medicare Advantage enrollment has nearly doubled in a decade. One-third (34%) of all Medicare beneficiaries — 22 million people — are enrolled in Medicare Advantage plans, and nearly four out of five enrollees (79%) are in plans that require prior authorization for some services. The Congressional Budget Office (CBO) projects that beneficiaries enrolled in Medicare Advantage plans will rise to nearly half of all Medicare beneficiaries (about 47%) by 2029. Recognizing the need to protect a growing number of Medicare beneficiaries, more than 100 members of Congress called for such reforms in a [letter](#) last year to the CMS.

For our seniors — and as representatives of organizations seeking to protect patients from delays in care and relieve unnecessary administrative burdens that impede delivery of timely care—we are committed to advancing this legislation in Congress and ask that you join Representatives DelBene, Kelly, Marshall, and Bera in co-sponsoring H.R. 3107 and securing its enactment.

Thank you.

Sincerely,