

May 13, 2021

The Honorable Suzan DelBene
U.S. House of Representatives
2330 Rayburn House Office Building
Washington, DC 20515

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

The Honorable Mike Kelly
U.S. House of Representatives
1707 Longworth House Office Building
Washington, DC 20515

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

Dear Representatives DelBene, Kelly, Bera, and Bucshon:

On behalf of the physician and medical student members of the American Medical Association (AMA), I want to express our support for the “Improving Seniors’ Timely Access to Care Act of 2021.” This important bipartisan legislation would require Medicare Advantage (MA) plans to implement a streamlined electronic prior authorization (PA) process that complies with technical standards developed by the Secretary of the U.S. Department of Health and Human Services, in consultation with relevant stakeholders. In addition, the bill would require increased transparency for beneficiaries and providers, as well as enhance oversight by the Centers for Medicare & Medicaid Services (CMS) on the processes used for PA. Moreover, to ensure that care and treatments that routinely receive pre-approval are not subjected to unnecessary delays, the program would provide for real-time decisions by an MA plan with respect to PA requests for applicable items and services. Importantly, the bill would also require MA plans to meet certain beneficiary protection standards, such as ensuring continuity of care when patients change plans.

PA is a health plan cost-control process that requires physicians and other health care professionals to qualify for payment by obtaining approval before performing a service. The AMA believes that PA is overused, costly, inefficient, opaque, and responsible for patient care delays.

According to the AMA’s 2020 PA physician survey, more than nine in 10 physicians (94 percent) reported care delays while waiting for health insurers to authorize necessary care; nearly four in five physicians (79 percent) said patients abandon treatment due to authorization struggles with health insurers; and 85 percent of physicians describe the burden associated with PA as high or extremely high.¹ Most alarmingly, nearly one-third (30 percent) of surveyed physicians reported that PA has led to a serious adverse event (e.g., hospitalization, disability, or even death) for a patient in their care. Patients—especially the vulnerable MA population—deserve PA reforms that will protect them from these harms associated with PA requirements.

In 2018, the AMA and other leading national organizations representing both health care professionals and health insurance plans signed a [consensus statement](#) outlining a shared commitment to improving five key areas associated with the PA process. Unfortunately, progress on these reforms agreed to over three years ago has been disappointingly [limited](#), which underscores the need for congressional action. This

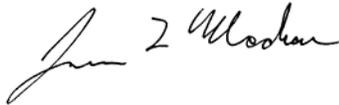
¹ <https://www.ama-assn.org/system/files/2021-04/prior-authorization-survey.pdf>.

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legislation would advance many of the goals of the consensus statement, and the AMA believes it would help decrease the burden associated with the current overuse of PA in our health care system.

The AMA is dedicated to simplifying and streamlining PA so that physicians can properly administer care and so that patients can receive the timely treatment they deserve.^{2,3} In a testament to your commitment to this important issue, the Improving Seniors' Timely Access to Care Act garnered 280 bipartisan House cosponsors in the 116th Congress. We appreciate your leadership on this important issue and look forward to building off the strong bipartisan history of support for this issue in hopes of advancing the legislation in the 117th Congress.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD

² <https://www.ama-assn.org/amaone/prior-authorization>.

³ <https://fixpriorauth.org/>.