

July 7, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Re: HHS-CMS-RFI-2023-A230835. Request for Information to Determine Industry Interest and Capabilities for Modernizing and Improving Access to Medicare Fee-for-Service Requirements

Dear Administrator Brooks-LaSure:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to offer comments on the Request for Information (RFI) to Determine Industry Interest and Capabilities for Modernizing and Improving Access to Medicare Fee-for-Service (FFS) Requirements. In this RFI, the Centers for Medicare & Medicaid Services (CMS) seeks feedback on technology solutions that would modernize access to Medicare FFS prior authorization (PA) and claims requirements to reduce physician and patient burdens. To the extent that this RFI references the existing limited PA requirements in Medicare FFS, we support this initiative. **However, we are concerned that this RFI signals an intent to increase utilization of PA in Medicare FFS and strongly object to such a policy change that would negatively impact both Medicare beneficiaries and our physician members.**

The AMA strongly believes in the “right-sizing” of PA and the critical need for a reduction in the overall volume of items and services requiring authorization. Our position relies on solid evidence establishing the patient and practice harms associated with PA. In a 2022 AMA survey, 94 percent of physicians reported that PA causes care delays, 80 percent indicated that the process can lead to treatment abandonment, and an alarming 33 percent said that PA had led to a serious adverse event (hospitalization, disability, or even death) for a patient in their care.¹ Surveyed physicians also reported major practice burdens associated with this process, with the average weekly PA workload for a *single physician* consuming nearly two business days of physician and staff time. Growing evidence linking practice burdens to professional burnout for physicians and other health care professionals underscores the

¹ 2022 AMA Prior Authorization Physician Survey. Available at: <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>.

The Honorable Chiquita Brooks-LaSure

July 7, 2023

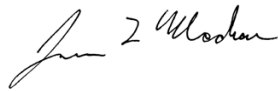
Page 2

importance of addressing administrative workloads.^{2,3} **To protect timely access to care for Medicare FFS beneficiaries and prevent an explosion in PA volume that would be completely unmanageable for physicians, we urge CMS to not proceed with any expansion of PA in traditional Medicare.**

We also stress that any plan to increase PA in Medicare FFS would be out of alignment with industry-wide agreement on the need to reduce the overall volume of required authorizations. In the 2018 Consensus Statement on Improving the Prior Authorization Process, both health care professional and insurer trade organizations agreed that PA should be selectively applied to only outlier physicians and/or services showing a consistent variation in ordering patterns or low approval rates.⁴ More recently, UnitedHealthcare announced that the company will be eliminating nearly 20 percent of current PA requirements, as well as implementing a national goldcarding program that exempts physician practices with high approval rates from PA in early 2024.⁵

Thank you for the opportunity to provide input on this RFI and the challenges that PA poses for both Medicare beneficiaries and our physician members. The AMA welcomes the opportunity to further discuss our RFI response and, more broadly, PA reform efforts. If you have any questions regarding this letter, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,



James L. Madara, MD

² Rao SK et al. The impact of administrative burden on academic physicians: results of a hospital-wide physician survey. *Acad Med.* 2017;92:237-243.

³ Shanafelt TD et al. Relationship between clerical burden and characteristics of the electronic environment with physician burnout and professional satisfaction. *Mayo Clin Proc.* 2016;91:836-848.

⁴ Consensus Statement on Improving the Prior Authorization Process. Available at: <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf>.

⁵ Easing the prior authorization journey. Available at: <https://newsroom.uhc.com/experience/easing-prior-authorizations.html>.