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June 14, 2019

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
1727 Longworth 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 Roger Marshall, MD
U.S. House of Representatives
312 Cannon House Office Building
Washington, DC 20515

Dear Representatives DelBene, Kelly, Bera, and Marshall,

On behalf of the more than 82,000 members of the American College of Surgeons (ACS), I write in support of the bipartisan *Improving Seniors' Timely Access to Care Act*, H.R. 3107. This legislation is a critical step in improving transparency and efficiency of the prior authorization (PA) process in the Medicare Advantage (MA) program.

Utilization review tools such as PA can sometimes play a role in ensuring patients receive clinically appropriate treatment while controlling costs. However, the ACS is concerned about the growing administrative burdens and the delays in medically necessary care associated with excessive PA requirements. Surgical patients are encountering barriers to timely access to care due to onerous and unnecessary PA requests from MA plans.

H.R. 3107 would improve the current PA system by requiring the Centers for Medicare & Medicaid Services (CMS) to regulate MA plans on their use of PA. ACS is particularly appreciative of the bill's provision which prohibits MA plans from requiring PA on any surgical or other invasive procedure if the procedure is furnished during the preoperative period of a procedure that was already approved or did not require PA.

While we are pleased that the legislation includes some beneficiary protection standards to ensure continuity of care, we hope this legislation will serve as a stepping stone for further patient protections and standardization of PA requirements and processes. Currently, many of MA plans' PA requirements are applied to items or services ordered in accordance with an already-approved plan of care, as part of appropriate, ongoing therapy for chronic conditions, or for items or



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services with low PA denial rates. Because standardization amongst MA plans PA processes is severely lacking, the ACS believes that the inclusion of electronic transmission and transaction standards are a step in the right direction. We are optimistic that the inclusion of these electronic standards will help to facilitate real-time decisions for those services that are routinely approved.

Additionally, ACS believes that H.R. 3107 will bring greater transparency to the PA process by requiring MA plans to report to CMS on the extent of their use of PA and the rate of approvals or denials by service and/or prescription medication.

By bringing transparency to MA plans' usage of prior authorization and reducing unnecessary requests, this legislation will help to ensure timely and medically necessary patient care. Thank you for your efforts and leadership on this important issue.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director

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