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March 15, 2018

The Honorable David Schweikert
U.S. House of Representatives
2059 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Bill Johnson
U.S. House of Representatives
1710 Longworth House Office Building
Washington, D.C. 20515

The Honorable Mike Thompson
U.S. House of Representatives
231 Cannon House Office Building
Washington, D.C. 20515

The Honorable Ben Ray Lujan
U.S. House of Representatives
2231 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Schweikert, Thompson, Johnson, and Lujan:

On behalf of the more than 80,000 members of the American College of Surgeons (ACS), I would like to express our support for the *Standardizing Electronic Prior Authorization for Safe Prescribing Act*, H.R. 4841. This bipartisan legislation is an important component of addressing current administrative burdens faced by physician practices related to prior authorization (PA).

Standardizing the electronic transmission of prior authorization requests in consultation with health care professionals and other stakeholders is a welcome and necessary step to further encourage the use of this time saving technology in Medicare. The ACS strongly supports the progress made by this legislation, and would appreciate the opportunity to discuss with you the expansion of the legislation to include any medical services, supplies, and prescription drugs requiring PA under the Medicare program. Ultimately, the ACS believes that PA policies should be standardized across all insurers and that PA requests, decisions, and appeals processes should be automated through uniform electronic transaction portals for medical services, supplies, and pharmacy services.

The traditional PA process uses outdated modes of communication, such as phone and fax, which can be burdensome for providers and pharmacists and often causes undue delays in care for patients. A 2017 ACS survey of nearly 300 surgeons and their staff indicated that, on average, a medical practice receives approximately 37 PA requests per provider per week, taking physicians and staff 25 hours – the equivalent of three business days – to complete. The exorbitant amount of time and resources practices must devote to PA is due largely in part to the lack of automated PA

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processes that integrate with electronic health record (EHR) systems. 86 percent of the surgeons and staff surveyed by the ACS considered the lack of electronic PA methods to be an administrative burden, with 60 percent of such respondents reporting this problem to be very or extremely burdensome.

The ACS also maintains that PA should not be required for services or supplies, including prescription drugs and durable medical equipment, prosthetics, orthotics and supplies (DMEPOS), which are customarily ordered, prescribed or indicated for a specific condition or have been approved previously as part of a patient's care treatment plan. We also urge Congress to further restrict prior authorization requirements to complex cases or to clinicians whose ordering patterns differ substantially from other practitioners after adjusting for patient population. These changes to PA requirements could reduce administrative costs to providers and ensure prompt delivery of care.

Again, thank you for your leadership in introducing the *Standardizing Electronic Prior Authorization for Safe Prescribing Act*. If you would like to further discuss our thoughts on opportunities to reduce unnecessary burdens related to PA, please contact Carrie Zlatos in our Washington DC office at (202) 672-1508 or czlatos@facs.org. We look forward to working with you as this important legislation moves through Congress and on future efforts to address the growing administrative burdens faced by the physician community to ensure they do not affect the provision of high quality care.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director, American College of Surgeons

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