



Chiquita Brooks La-Sure  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Subject: Urgent Request for the Release of the Final Medicare Advantage Rule

Dear Administrator Brooks-LaSure:

On behalf of the American College of Physicians (ACP) I write to express strong support for the proposed changes in the Medicare Advantage (MA) rule (CMS-0057), specifically focusing on ensuring timely access to care through redefined utilization management requirements. The American College of Physicians (ACP) appreciates the Centers for Medicare and Medicaid Services' (CMS) efforts to address concerns surrounding MA programs' practices, and strongly urge the administration to finalize this rule.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.

ACP's [Patients Before Paperwork](#) initiative, launched in 2015, has persistently highlighted the detrimental impacts of certain MA practices, notably prior authorization. These practices often result in unnecessary delays in patient care, leading to wasted resources and, more importantly, harm to patients. The Department of Health and Human Services Office of the Inspector General's [OIG report](#) from 2022 provides stark evidence of the denial of covered services due to current prior authorization processes.

ACP wholeheartedly supports the regulatory changes proposed by CMS, including:

- Using prior authorization policies in coordinated care plans only for verifying medical criteria.
- Ensuring the validity of approvals granted via prior authorization processes throughout the approved treatment duration and offering a minimum 90-day transition for enrollees transitioning between MA plans.
- Making it obligatory for MA plans to abide by national coverage determinations (NCD), local coverage determinations (LCD), and general coverage and benefit conditions included in the Traditional Medicare (TM) statutes and regulations.

- Prohibiting MA plans from denying coverage based on criteria not found in TM coverage policies.
- Instituting a Utilization Management Committee to oversee all utilization management procedures, ensuring alignment with current TM national and local coverage decisions.

The integration of the Advancing Interoperability and Prior Authorization Processes ([CMS-0057-P](#)) [proposed rule provide a roadmap for](#) modernizing the existing labor-intensive and imprecise processes. Recognizing the complexities of prior authorization, ACP's efforts, such as the webinars "[Breaking Bad! Prior Authorization Harms the Physician-Patient Relationship](#)" and "[Breaking Bad Part II ACP and Medicine Forward Advance Solutions for Prior Authorization](#)," highlight the need for policy improvements.

In closing, ACP urges the Department of Health and Human Services to finalize this rule. Doing so will help Congress move forward with the Improving Seniors' Timely Access to Care Act, passed by the House of Representatives in 2022 and reintroduced in the House and Senate earlier this year. This legislation promises further progress in refining the Medicare Advantage system for the benefit of countless beneficiaries.

Your efforts and dedication to improving healthcare access and quality are highly commendable. ACP genuinely appreciate the opportunity to share these thoughts and stands ready to support your efforts to finalize the rule.

Sincerely,



Jason M. Goldman, MD, FACP  
Chair, Medical Practice and Quality Committee  
American College of Physicians

cc: Xavier Becerra

Dr. Meena Seshamani