



February 25, 2022

The Honorable Suzan DelBene
U.S. House of Representatives
Washington, DC 20515

The Honorable Mike Kelly
U.S. House of Representatives
Washington, DC 20515

Dear Representatives DelBene and Kelly:

On behalf of the American College of Physicians (ACP), I am writing to share our support for H.R. 3173, the Improving Seniors Timely Access to Care Act of 2021. This legislation would help protect patients from unnecessary delays in care and reduce administrative burdens on physicians by standardizing and streamlining the prior authorization approval process in the Medicare Advantage program. This legislation is consistent with ACP's [Patients Before Paperwork](#) initiative to reinvigorate the patient-physician relationship and improve patient care by challenging unnecessary practice burdens.

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 (internists), 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. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

We appreciate your leadership in sponsoring this legislation to simplify the prior authorization process to determine if a prescribed procedure, service, or medication is covered by a health plan in Medicare Advantage (MA). The current process for prior authorization approval in MA and in health plans is especially burdensome for physicians as all payers, whether public or private, have their own approaches, rules, and requirements for prior authorization. This process can be especially costly and burdensome for physician practices and can take time away from patient care. [Studies](#) show the average annual cost for prior authorization approval on primary care practices ranged from \$2,161 to \$3,430 per full time physician. These issues are of great concern to all practicing physicians but are particularly burdensome for smaller practices that may not have the staff or workflows available to address the additional administrative work, potentially impeding access to care in underserved areas with clinician workforce shortages.

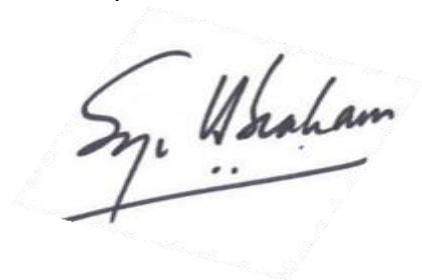
The Improving Seniors Timely Access to Care Act would streamline the process for prior authorization approval by requiring all MA plans to establish an electronic prior authorization program and mandate that all MA plans adopt electronic prior authorization capabilities. It aims to improve patient care by emphasizing the need for real-time decisions with respect to prior authorization requests as well as advances transparency and communication between health plans, clinicians, and patients. It would protect beneficiaries from any disruptions in care due to prior authorization requirements as they transition between MA plans.

We also support reforms in this legislation that will standardize the process and procedures for reporting electronic prior authorization criteria to MA plans. We appreciate that this bill would mandate the Secretary of Health and Human Services (HHS) consult with electronic health record (EHR) standard setting organizations, health care professionals, Medicare Advantage organizations, and health information technology software vendors to create a standard reporting format for prior authorizations requests from MA plans. This provision will ease a major source of administrative burden for clinicians who currently use different data, formats, and procedures to process prior authorization requests which may vary based on a patients' health plan. This process often creates unnecessary or duplicative tasks on the part of the clinician and ultimately takes time away from providing high-value patient care.

ACP has long identified reducing unnecessary administrative tasks as an important objective and has developed a series of policies with this goal in mind including: the [Patients Before Paperwork Initiative](#), [Putting Patients First by Reducing Administrative Tasks in Health Care](#), and [Promoting Transparency and Alignment in Medicare Advantage](#). The growing number of administrative tasks imposed on physicians adds unnecessary costs to the U.S. health care system and individual physician practices. Excessive administrative tasks also divert time and focus from more clinically important activities of physicians and their staffs, such as providing actual care to patients and preventing patients from receiving timely and appropriate care or treatment.

We are pleased to join more than 450 organizations that have [endorsed](#) the Improving Seniors Timely Access to Care Act and we appreciate your working closely with stakeholders to develop a broad coalition of support for this legislation. Please contact Brian Buckley, our Senior Associate for Legislative Affairs at bbuckley@acponline.org if you have any questions regarding this letter.

Sincerely,

A handwritten signature in black ink, reading "George M. Abraham", is written over a faint, light-colored rectangular stamp or watermark.

George M. Abraham, MD, MPH, MACP, FIDSA
President