

Big step for bill to streamline prior auth in Medicare Advantage

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News Editor

What's the news: The House Ways and Means Committee has successfully marked up and passed via voice vote legislation that would streamline prior-authorization processes in Medicare Advantage plans.

The major legislative milestone for “The Improving Seniors' Timely Access to Care Act of 2022”—which has broad bipartisan support—came via a bipartisan agreement between Ways and Means Committee Chair Richard Neal, a Massachusetts Democrat, and the committee’s ranking member, Texas Republican Kevin Brady.

Two other Ways and Means Committee members, Rep. Suzan DelBene, D-Wash., and Mike Kelly, R-Pa., are long-time supporters of prior-authorization reform and were instrumental in formulating the underlying legislation and pushing Neal and Brady to hold the hearing.

Fixing prior authorization is a critical component of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Prior authorization is overused, and existing processes present significant administrative and clinical concerns. Find out how the AMA is tackling prior authorization with research, practice resources and reform resources.

Why it’s important: “For years, the American Medical Association has sounded the alarm about burdensome prior-authorization processes and their negative impact on patient outcomes. Too often, prior authorization has resulted in delayed, denied or abandoned care,” said AMA President Jack

Resneck Jr., MD.

AMA survey data (PDF) shows that “more than one-third (34%) of physicians reported that prior authorization led to a serious adverse event, such as hospitalization, disability or even death, for a patient in their care,” Dr. Resneck added.

The original House legislation, H.R. 3173, which also has a companion bill introduced in the Senate, cuts unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program. This particular bill, which has more than 340 bipartisan co-sponsors in the House and Senate, incorporates all the major elements of a 2018 consensus statement developed by leading physician, hospital, medical group, health plan and pharmacy stakeholders.

The House Ways and Means Committee ultimately introduced, marked up and passed a new, modified prior-authorization reform bill, H.R. 8487, “The Improving Seniors' Timely Access to Care Act of 2022,” to address a variety of technical changes.

Specifically, the bill would:

- Require Medicare Advantage plans to implement electronic prior-authorization programs that adhere to newly developed federal standards, as well as establish real-time decision-making processes for items and services that are identified as “routinely approved.”
- Mandate that Medicare Advantage plans issue accelerated prior authorization decisions for all other services in Medicare Part C.
- Enhance transparency by requiring Medicare Advantage plans report to the Centers for Medicare & Medicaid Services on the extent of their use of prior authorization and the rate of approvals and denials.

In a recent episode of “AMA Moving Medicine,” Rep. DeBene spoke about her own family’s experience with prior authorization.

Learn more: This week also marked bipartisan support in the House for a bill that extends Medicare telehealth payment and regulatory flexibilities through the end of 2024. The House passed the measure 416–12.

“The COVID-19 public health emergency made plain that care via telehealth should be available to all Medicare patients, especially with their own physicians, regardless of where they live or how they access these services,” Dr. Resneck said in reaction to the vote. “From continuity of care, broadened access to care and removing geographic and originating-site restrictions, our hope is that the flexibilities afforded during the public health emergency will be made permanent.”

The AMA urges “the Senate to act on this bipartisan bill, and for the Congress to build on this success,” added Dr. Resneck.

Supporting telehealth is another essential component of the AMA Recovery Plan for America’s Physicians. Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

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