

July 27, 2022

The Honorable Richard E. Neal
Chairman
Ways & Means Committee
U.S. House of Representatives
1102 Longworth Building
Washington, D.C. 20515

The Honorable Kevin Brady
Ranking Member
Ways and Means Committee
U.S. House of Representatives
1102 Longworth Building
Washington, D.C. 20515

RE: Improving Seniors Timely Access to Care Act
CMA Position: Support

Dear Chairman Neal and Ranking Member Brady,

On behalf of the nearly 50,000 physician members of the California Medical Association (CMA) and the thousands of patients we serve, we are writing in strong support of the bipartisan “Improving Seniors Timely Access to Care Act” (Reps DelBene, Kelly, Bera, and Bucshon) that will be marked up in Committee on July 27, 2022.

This legislation provides comprehensive reform of the Medicare Advantage prior authorization process by streamlining the health plan bureaucracy to help Medicare patients get the care they need – when they need it.

In a 2020 physician survey, the American Medical Association (AMA) found that 93% of physicians reported care delays due to unnecessary prior authorization requirements. Specifically, 90% of physicians said that prior authorizations had a negative impact on patient clinical outcomes. 24% of physicians reported that prior authorization delays led to a patient’s hospitalization. Physicians report, on average, they complete 40 prior authorizations per week that consume nearly two working days (16 hours) per week. The enormous amount of time spent on administrative paperwork is valuable time that could be better spent treating patients in the exam room, coordinating care for patients with chronic conditions, or opening-up more appointment times for new patients. (<https://www.ama-assn.org/system/files/2021-04/prior-authorization-survey.pdf>.)

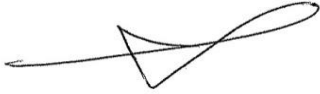
A recent HHS OIG Report found that every year Medicare Advantage plans inappropriately deny medically necessary care to tens of thousands of people enrolled such plans. The [report](#) comes as no surprise to physicians. Unfortunately, it has become common practice for health plans to create obstacles for patients, in hopes of not having to provide essential health care to those who need it. The reason for these types of obstacles is simple: fewer procedures performed translates to larger health plan profits. The time delays and administrative burdens also continue to undermine patient health care outcomes. We urge the Committee to place patient needs before corporate profits by streamlining prior authorization and to ensure that medical decisions are made by trained medical professionals, instead of lay entities more concerned with the corporate bottom line than the quality of patient care. Medicare must ensure that seniors have timely access to medically necessary, evidence-based care.

Specifically, the Improving Seniors Timey Access to Care Act would:

- Mandate electronic PA processes and establish a list of services eligible for real time decisions via e-PA;
- Streamline PA processes for routinely approved services
- Ensure PA requirements are reviewed by physicians
- Increase transparency through public reporting of health plan PA denials, approvals, and timelines.

On behalf of the CMA, I want to thank you for moving this important legislation that will truly improve patient access to timely care. See the attached flyer for physician and patient stories about the negative impact of prior authorization delays in California. For questions or additional information, the CMA contact is Elizabeth McNeil, Vice President, Federal Government Relations, emcneil@cmadocs.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert E. Wailes', with a stylized, looping flourish at the end.

Robert E. Wailes, MD
President

Cc: California Members of the House W&M Committee:

The Honorable Mike Thompson
The Honorable Linda Sanchez
The Honorable Judy Chu
The Honorable Jimmy Panetta
The Honorable Jimmy Gomez

