

## VIA ELECTRONIC SUBMISSION

July 26, 2022

The Honorable Richard Neal The Honorable Kevin Brady

Chair Ranking Member

Committee on Ways & Means
U.S. House of Representatives
U.S. House of Representatives

Washington, DC 20515 Washington, DC 20515

Re: Support for H.R. 4847 - Improving Seniors' Timely Access to Care Act

Dear Chairman Neal and Ranking Member Brady:

The Center for Medicare Advocacy (the Center) is pleased to support H.R. 4847, the *Improving Seniors' Timely Access to Care Act*. The Center, founded in 1986, is a national, non-partisan education and advocacy organization that works to ensure access to comprehensive Medicare, health equity, and quality health care. We provide education and legal assistance to ensure people receive the Medicare coverage to which they are legally entitled, and the quality health care they need. We draw upon our direct experience with thousands of individuals to educate policy makers about how their decisions affect the lives of real people.

As a consumer advocacy organization that provides direct services to Medicare beneficiaries, we are frequently contacted by Medicare Advantage (MA) enrollees who have been subject to inappropriate denials and premature terminations of coverage for medically necessary services. Enacting this bill aimed at improving some elements of MA plans' use of prior authorization and data collection would be an important first step towards imposing additional, needed oversight of Medicare Advantage (MA) plans.

We strongly support recent improvements to the bill that include transparency and reporting requirements that will apply broadly to all prior authorization decisions, along with the requirement that such information be publicly available. Similarly, we strongly support tightening the timeframes for plan responses to all prior authorization requests, as proposed in the bill. It is unclear, though, whether the types of services we see denied by MA plans most frequently, such as skilled nursing facility and home health services, will be included within the "applicable items and services for which prior authorization requests are routinely approved" that would be subject to real-time decisions. Given the damaging consequences to plan enrollees we see due to MA plans' failure to provide timely decisions concerning prior authorization (let alone

the outcome of such decisions), we urge the scope of services subject to real-time decisions to be broader.

For far too long, both Congress and the Centers for Medicare & Medicaid Services (CMS) have fallen short with respect to adequate oversight and regulation of the MA program that is nearing enrollment of half of all Medicare beneficiaries. The imbalance between MA and traditional Medicare with respect to payment, coverage and ease of enrollment is growing and must be addressed. We are encouraged by the improvements to H.R. 4847, but further enhanced, aggressive oversight of MA plans is sorely needed, and we urge the Committee to proceed accordingly.

Thank you for your efforts to make the Medicare program work better for those that it serves. For additional information, please contact David Lipschutz, Senior Policy Attorney, at <a href="mailto:dlip-schutz@MedicareAdvocacy.org">dlip-schutz@MedicareAdvocacy.org</a>; (202)293-5760.

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