

May 13, 2021

The Honorable Suzan DelBene
U.S. House of Representatives
2330 Rayburn HOB
Washington, D.C. 20515

The Honorable Mike Kelly
U.S. House of Representatives
1707 Longworth HOB
Washington, D.C. 20515

The Honorable Larry Bucshon, M.D.
U.S. House of Representatives
2313 Rayburn HOB
Washington, D.C. 20515

The Honorable Ami Bera, M.D.
U.S. House of Representatives
172 Cannon HOB
Washington, D.C. 20515

Dear Reps. DelBene, Kelly, Bucshon and Bera:

On behalf of the more than 4,100 U.S. hospitals and health systems and approximately 200,000 other providers and organizations united in the Premier healthcare alliance, we are writing in support of the **Improving Seniors' Timely Access to Care Act of 2021**, which will alleviate the burdens and costs of prior authorization. This straight-forward legislation would help remove hours of clinician time on the phone to get patients timely approval for important treatments and procedures, retire the fax machine's involvement in time-sensitive clinical situations and most importantly, alleviate Medicare Advantage patient's associated frustration and harm.

Prior authorization is a manually intense process that is disconnected from the clinical workflow. This requires professionals in our health system to take time away from caring for their patients to engage with payers. The Council for Affordable Quality Healthcare reports that 88% of prior authorizations are conducted either partially or entirely manually through an inefficient process - by payer-specific web portals, phone or fax.¹ Because of the associated time lags, 94 percent of providers report treatment delays, 21 percent say these delays resulted in hospitalization and 18 percent say delays led to a life-threatening event or required intervention to prevent permanent impairment or damage.²

The Improving Seniors' Timely Access to Care Act of 2021 would improve the prior authorization process for the roughly 27 million Americans³ in Medicare Advantage plans by establishing an electronic prior authorization program and requiring Medicare Advantage plans to adopt these capabilities. The bill would also put in place common-sense transparency and accountability requirements around items and services subject to prior authorization to further streamline the process.

Transitioning to fully electronic prior authorization transactions could improve patient care and save the health system \$454 million annually⁴, including \$355 million in savings for providers and \$99 million for health plans. A 2021 insurance industry study also found that electronic prior authorization cut the time from submitting a prior authorization request to receiving a health plan's decision by 69 percent. In this same study, 71 percent of providers who implemented electronic authorization reported more time for patient care and less burden from related phone calls and faxes.⁵

We thank you for your commitment and leadership on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Blair Childs".

Blair Childs
Senior Vice President, Public Affairs
Premier healthcare alliance

¹ <https://www.caqh.org/about/press-release/caqh-core-releases-operating-rules-promote-automation-prior-authorization>

² 2020 AMA prior authorization (PA) physician survey: <https://www.ama-assn.org/system/files/2021-04/prior-authorization-survey.pdf>

³ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/Dashboard>

⁴ <https://www.caqh.org/sites/default/files/explorations/index/report/2019-caqh-index.pdf?token=SP6YxT4u>

⁵ <https://www.ahip.org/wp-content/uploads/Fast-PATH-Evaluation.pdf>