American Academy of Physical Medicine and Rehabilitation

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October 1, 2019

Re: Supporting Improving Seniors' Timely Access to Care Act of 2019 (H.R. 3107)

On behalf of the more than 9,000 physiatrists of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), we write to support the passage of the Improving Seniors' Timely Access to Care Act of 2019 (H.R. 3107). AAPM&R is the national medical specialty organization representing physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

H.R. 3107 is a piece of bipartisan legislation that would help protect patients, including those in need of rehabilitative care, from unnecessary delays in care by introducing reforms to the use of prior authorization in the Medicare Advantage (MA) program. The bill would streamline and standardize prior authorization in many situations and provide much-needed transparency for rehabilitation patients in the program. As more enrollees, especially seniors and individuals in need of rehabilitative care, choose Medicare Advantage for their health insurance needs, it is crucial that prior authorization does not function as a barrier to accessing medically necessary care. AAPM&R is strongly in favor of streamlining the prior authorization process and increasing transparency within Medicare Advantage (MA) programs. H.R. 3017 accomplishes these two goals by:

- Establishing an electronic PA process;
- Minimizing the use of PA for routinely approved services;
- Ensuring PA requests are reviewed by qualified medical personnel;
- Requiring regular reports from MA plans on PA use and rates of delay and denial; and
- Prohibiting the use of PA for medically necessary services performed during pre-approved surgeries or other invasive procedures.

H.R. 3107 includes common-sense reforms to prior authorization in the MA program, and mirrors areas of agreement for reform outlined in a consensus statement signed by the American Hospital Association, the American Medical Association, America's Health Insurance Plans, the BlueCross BlueShield Association, and other national payer and provider groups.

Medicare Advantage served more than 20 million Medicare beneficiaries in 2018 comprising 33 percent of the total Medicare population, according to MedPAC. MA plans were paid approximately $233 billion in this same year. By 2028, MedPAC estimates that 32 million beneficiaries will participate in the MA program. The fast pace of growth of this program suggests the need for greater scrutiny of the mechanisms imposed by these plans to manage service utilization, such as prior authorization.

AAPM&R urges Congress to pass H.R. 3107 to streamline and automate prior authorization in MA and continue to support policies protecting patient access to care and reducing physician burden by curbing the overuse of prior authorization.

In addition to our support for H.R. 3107, AAPM&R has been advocating for prior authorization reform specific to rehabilitation in Inpatient Rehabilitation Facilities (IRFs), as prior authorization in MA plans are placing an untenable burden on physicians and creating barriers to care for rehabilitation patients. According to membership reports, this is due to the fact that an inordinate number of prior authorization requests for IRF services that are initially denied.[1] These denials set off an appeals process that is time consuming and takes physicians away from delivering patient care, thereby delaying access to needed care for beneficiaries.

To address this issue, AAPM&R proposes three solutions to streamline prior authorization in IRFs.

1) Require a physician with specialized training and experience in rehabilitation to make prior authorization determinations
2) Prohibit the use of proprietary decision-making tools by MA plans
3) Mandate MA plans issue more timely decisions and be staffed at all hours to handle pressing prior authorization requests.

AAPM&R has communicated these ideas through comments submitted to the Centers for Medicare and Medicaid Services (CMS) in response to the 2020 IRF Proposed Prospective Payment System and their RFI for Reducing Administrative Burden to Put Patients Over Paperwork, as well as several conversations with CMS, the Office of the Inspector General (OIG), the Office

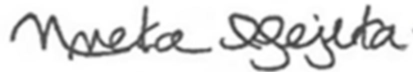
of Management and Budget (OMB), and various Hill offices. For more information on AAPM&R's recent efforts to address prior authorization, please read the attached letter, jointly authored by AAPM&R and the American Medical Rehabilitation Providers Association.

We are committed to advancing this legislation in Congress and enacting crucial reforms to prior authorization in Medicare Advantage. We encourage you to join Representatives DelBene, Kelly, Marshall, and Bera in co-sponsoring H.R. 3107 and securing its passage into law.

For more information on H.R. 3107, and to cosponsor this important legislation, please contact Kyle Hill (Kyle.Hill@mail.house.gov) in Representative DelBene's office or Charlotte Pineda (Charlotte.Pineda@mail.house.gov) in Representative Marshall's office.

If you have any additional questions, please contact Reva Singh, Director of Advocacy and Government Affairs at rsingh@aapmr.org or 847.737.6030.

Sincerely,



Nneka Ifejika, M.D., M.P.H., F.A.H.A
Chair, Health Policy & Legislation Committee

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[1] Medicare Payment Advisory Commission, Report to The Congress: Medicare Payment Policy 298 (Mar. 2017). (Finding that MA beneficiaries are admitted to IRH/Us at a rate nearly three times less than traditional Medicare beneficiaries).