

## Roe-Bera Prior Authorization Dear Colleague and Sign-on Letter

### **SIGN-ON LETTER: Requesting CMS Review Use of Prior Authorization Under Medicare Advantage**

Sending Office: Honorable David P. Roe  
Sent By: [Aaron.Bill@mail.house.gov](mailto:Aaron.Bill@mail.house.gov)

Request for  
Signature(s)

Dear Colleague:

Please join us in writing to Administrator Verma at CMS requesting a review of how Medicare Advantage utilizes prior authorization. While we understand that prior authorization has been used by Medicare Advantage plans as a cost controlling mechanism, we have heard from physicians and other healthcare providers about the administrative burdens associated with the requirements of prior authorization, especially for procedures that have traditionally been approved whenever requested. Additionally, traditional fee-for-service Medicare generally does not require pre-approval for services and are precluded from using prior authorization to inhibit access to services.

The letter below simply requests CMS review the prior authorization process under Medicare Advantage plans to help increase transparency, streamline prior authorization and minimize the impact on patients.

To sign onto the letter, or for more information, please contact Aaron Bill (Rep. Roe) at [aaron.bill@mail.house.gov](mailto:aaron.bill@mail.house.gov) or Erin O'Quinn (Rep. Bera) at [erin.o'quinn@mail.house.gov](mailto:erin.o'quinn@mail.house.gov).

David P. Roe, M.D.  
Member of Congress

Ami Bera, M.D.  
Member of Congress

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The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue, SW, Room 445-G  
Washington, DC 20201

Dear Administrator Verma:

As you and your staff work to reduce barriers to patient care through your Patients over Paperwork initiative, we are writing to request that you improve how prior authorization (PA) works under Medicare Advantage (MA). We are concerned that patients may be encountering barriers to timely access to care that are caused by onerous and often unnecessary prior authorization requirements. Therefore, we request your agency provide guidance to MA plans regarding the use of prior authorization to ensure that these requirements do not create inappropriate barriers to care for Medicare patients.

We recognize the important role that MA plays in the Medicare program and understand that utilization review tools such as PA can sometimes play a role in ensuring patients receive clinically appropriate treatment while controlling costs. However, we hear from physicians and other health care providers in our districts about the growing administrative burdens associated with PA requirements. Because MA plans are ultimately required to

provide equivalent coverage to fee-for-service (FFS) Medicare, which generally does not require pre-approval for services, plans are precluded from using PA to inhibit access to services.

It is our understanding that some plans require repetitive prior approvals for patients that are not based on evidence and may delay medically necessary care. Many of these PA requirements are for services or procedures performed in accordance with an already-approved plan of care, as part of appropriate, ongoing therapy for chronic conditions, or for services with low PA denial rates. We request you issue guidance to MA plans dissuading practices such as these and provide direction to increase transparency, streamline PA and minimize the impact on patients.

More generally, we understand that CMS monitors enrollee access as part of its oversight. We believe it would be helpful for CMS to collect data on the scope of PA practices – including denial, delay and approval rates. Additionally, we request a report describing CMS oversight of pre-approval policies in MA plans, the use of PA for Part A and Part B services and descriptions of audit protocols that focus on this area.

Finally, key stakeholders have worked together to identify opportunities to improve the PA process, promote patient access to timely care and reduce unnecessary administrative burdens. We request that you and your staff to engage with these organizations on additional opportunities to improve the PA process for all stakeholders.

Thank you for your consideration of these requests.