

H.R. 3107 – Improving Seniors’ Timely Access to Care Act of 2019

KEY POINTS

1. Medicare recipients continue to face delays in care due to the lengthy prior authorization process.
2. There continues to be a lack of transparency for beneficiaries and providers alike on how Medicare Advantage plans use prior authorizations.
3. This bi-partisan legislation would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorizations under the Medicare Advantage Program, providing much-needed oversight and transparency of health insurance plans.

REQUESTED ACTIONS

We ask that you join Representatives DelBene, Kelly, Marshall, and Bera in co-sponsoring **H.R. 3107** and securing its enactment.

BACKGROUND

The Improving Seniors’ Timely Access to Care Act of 2019 would facilitate electronic prior authorization, improve transparency for beneficiaries and providers alike, and increase Centers for Medicare & Medicaid Services (CMS) oversight on how Medicare Advantage plans use prior authorization.

Specifically, the bill would:

- create an electronic prior authorization program including the electronic transmission of prior authorization requests and responses and a real-time process for items and services that are routinely approved;
- improve transparency by requiring plans to report to CMS on the extent of their use of prior authorization and the rate of approvals or denials;
- require plans to adopt transparent prior authorization programs that are reviewed annually, adhere to evidence-based medical guidelines, and include continuity of care for individuals

transitioning between coverage policies to minimize any disruption in care;

- hold plans accountable for making timely prior authorization determinations and to provide rationales for denials; and
- prohibit additional prior authorization for medically-necessary services performed during a surgical or invasive procedure that already received, or did not initially require, prior authorization.

The demand and need for such reforms is growing, particularly as more seniors choose Medicare Advantage for their health insurance needs. According to a recently released Kaiser Family Foundation report, A Dozen Facts About Medicare Advantage in 2019, Medicare Advantage enrollment has nearly doubled in a decade. One-third of all Medicare beneficiaries, or 22 million people, are enrolled in Medicare Advantage plans, and nearly four out of five enrollees are in plans that require prior authorization for some services. In addition, the Congressional Budget Office projects that beneficiaries enrolled in Medicare Advantage plans will rise to nearly half of all Medicare beneficiaries by 2029.

ABOUT ASIPP, NANS, AND SIPMS

The American Society of Interventional Pain Physicians (ASIPP) is a not-for-profit professional organization founded in 1998 which now comprises over 4,500 interventional pain physicians and other practitioners who are dedicated to ensuring safe, appropriate and equal access to essential pain management services for patients across the country suffering with chronic and acute pain.

The North American Neuromodulation Society (NANS) is a 1600-member multidisciplinary medical specialty society founded in 1994 and dedicated to the field of neuromodulation.

The Society of Interventional Pain Management Surgery Centers (SIPMS) is a national organization devoted exclusively to the issues of providing Interventional Pain Management procedures in the Ambulatory Surgery Center (ASC) setting.



AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS (ASIPP)
NORTH AMERICAN NEUROMODULATION SOCIETY (NANS)
SOCIETY OF INTERVENTIONAL PAIN MANAGEMENT SURGERY CENTERS (SIPMS)

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