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May 12, 2021

The Honorable Suzan DelBene
2330 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Kelly
1707 Longworth House Office Building
Washington, DC 20515

The Honorable Ami Bera, M.D.
172 Cannon House Office Building
Washington, DC 20515

The Honorable Larry Bucshon, M.D.
2313 Rayburn House Office Building
Washington, DC 20515

Re: Support for the *Improving Seniors' Timely Access to Care Act*

Dear Representatives DelBene, Kelly, Bera, and Bucshon:

The Coalition of State Rheumatology Organizations (CSRO) is comprised of a group of state and regional professional rheumatology societies throughout the country formed to advocate for excellence in rheumatologic disease care and to ensure access to the highest quality care for the management of rheumatologic and musculoskeletal diseases. Our nationwide coalition serves practicing rheumatologists in charge of patient care for these illnesses.

On behalf of the patients we serve, we write to express our support for the *Improving Seniors' Timely Access to Care Act*. Your legislation would make a number of improvements to prior authorization (PA) in Medicare Advantage, including the establishment of an electronic PA process, the introduction of real-time PA decisions for certain items and services, and increased transparency.

Rheumatoid arthritis medications are subject to some of the most intensive utilization management requirements in healthcare, including prior authorization and step therapy. We understand that rational, clinically driven utilization management can help control costs, but unfortunately utilization management in its current form is often far from rational or clinically driven. The requirements also differ greatly from insurer to insurer. Your legislation will help remedy this issue in Medicare Advantage.

As you continue to engage on the issue of utilization management, we wanted to highlight for you a recent study on the issue of prior authorization in our specialty. The study looked at 225 patients and found that 71% of them required a PA to begin their infused medications. Remarkably, 96% of all PA – including ones initially denied – were ultimately approved, indicating that PA serves more as a delay tactic than a meaningful "double-check" on clinical need. As a result, the authors concluded that "the value of PA requirements and their impact on patient safety should be reevaluated." Gathering additional data on PA in Medicare Advantage plans, as your legislation would require, will help support such a reevaluation.

Thank you for your work on this important topic. Please do not hesitate to reach out if we can provide additional information.

Sincerely,

Madelaine A. Feldman, MD
President
CSRO