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RRC Applauds CMS' Final Rule on Prior Authorization, Calls on Congress to Advance Legislation Aligned with the Rule

Washington, DC—Today, the Centers for Medicare & Medicaid Services (CMS) finalized a landmark rule that will improve prior authorization for patients and the physicians who care for them. The Advancing Interoperability and Improving Prior Authorization Processes (e-PA) rule issued today demonstrates CMS' dedication to protecting seniors and ensuring they have timely access to high-quality care.

The Regulatory Relief Coalition (RRC) — a group of national physician specialty organizations advocating for reduced regulatory burdens interfering with patient care — commends the agency and calls on Congress to codify these important policy changes by passing the *Improving Seniors' Timely Access to Care Act (Seniors' Act)* this year. The rule aligns with the *Seniors'* legislation by tackling the overuse and abuse of prior authorization (PA) by Medicare Advantage (MA) plans, which threatens access to patient care and increases provider administrative burden.

"This is a watershed moment for patients' access to care," said **Russell R. Lonser**, MD, FAANS, chair of the department of neurosurgery at The Ohio State University and chair of the American Association of Neurological Surgeons/Congress of Neurological Surgeons Washington Committee. He added, "The rampant overuse of prior authorization, particularly in Medicare Advantage, continues to cause inappropriate delays and denials of medical treatments that our seniors need."

George A. Williams, MD, senior secretary for Advocacy of the American Academy of Ophthalmology, said, "The final rule is a significant victory for seniors and physicians. Medicare beneficiaries who enroll in MA plans will now have the same access to Medicare-covered items and services as beneficiaries who opt for Medicare fee-for-service (FFS)." Dr. Williams noted, "We urge Congress to seize on this momentum and enact commonsense prior authorization protections for Medicare Advantage beneficiaries."

The final rule requires that beginning in 2026, MA plans must convey PA determinations within 72 hours for expedited requests and seven days for standard requests. MA plans must also detail a specific reason for denying a PA appeal and report PA metrics as part of new transparency and reporting requirements.

This rule covers MA organizations as well as Medicaid fee-for-service (FFS) programs, state Children's Health Insurance Program (CHIP) FFS programs, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan issuers on the federally facilitated exchanges.

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The RRC is hopeful that CMS will establish processes for identifying routinely approved clinical services, include more transparency requirements for MA plans, and increase stakeholder input in developing transparency PA programs moving forward.

The *Seniors' Act* is bipartisan legislation that will codify the critical work of CMS regarding Medicare Advantage. On June 21, 2023, [233 Representatives](#) and [61 Senators](#) showed their bipartisan support of PA reform in MA by asking the Department of Health and Human Services and CMS to finalize pending rules to reign in the overreaches of MA plans that delay and deny care through utilization management tools like PA. In the 117th Congress, the bill passed the House with 380 combined co-sponsors — [53](#) senators and [327](#) representatives. Along with the RRC, more than [500](#) organizations representing patients, health care providers, the medical technology and biopharmaceutical industry, health plans, and others endorsed the legislation.

The RRC is a leading advocate for reforming PA in the MA program on behalf of the more than 28 million seniors enrolled in MA plans and the providers who care for them. The coalition's efforts were critical in bringing multiple CMS-proposed rules forward and advancing the *Seniors' Act*.

More information about the RRC and the legislation is available at www.regrelief.org.

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