



July 8, 2025

SUBMITTED ELECTRONICALLY

The Honorable Mike Crapo
Chair, Senate Finance Committee
239 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Jason Smith
Chair, Ways & Means Committee
1011 Longworth House Office Building
Washington, DC 20515

The Honorable Richard Neal
Ranking Member, Ways & Means Committee
372 Cannon House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
Chair, Energy & Commerce Committee
2161 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Energy & Commerce Committee
2107 Rayburn House Office Building
Washington, DC 20515

RE: Coalition to Preserve Rehabilitation Support for S.1816/H.R. 3514, the *Improving Seniors' Timely Access to Care Act*

Dear Chairman Crapo, Ranking Member Wyden, Chairmen Smith and Guthrie, and Ranking Members Neal and Pallone:

On behalf of the undersigned members of the Coalition to Preserve Rehabilitation (“CPR”), we write to express our support for S. 1816/H.R. 3514, the *Improving Seniors' Timely Access to Care Act*, which is a bill that would reform the use of prior authorization in the Medicare Advantage (“MA”) program. This bipartisan and bicameral legislation would help protect patients, including those in need of rehabilitation care, from unnecessary delays in care due to overuse and misuse of prior authorization in MA. The bill would streamline and standardize the use of prior authorization in many situations and provide much-needed transparency for rehabilitation patients in the MA program. We urge your committees to work to advance this legislation in any moving vehicle this year.

CPR is a coalition of more than 50 national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities, and chronic conditions may regain and/or maintain the maximum level of health and independent function. CPR is comprised of organizations that represent patients—as

well as the providers who serve them—who are frequently inappropriately denied access to rehabilitative care in a variety of settings.

CPR has long held that overutilization of prior authorization is responsible for restrictions in access to medically necessary care, particularly in Medicare’s post-acute care and rehabilitation benefits. Delays and denials in the MA program prevent beneficiaries from receiving the treatment they need to regain and/or maintain their maximum level of health and function following injury, illness, disability, or chronic condition. Many plans utilize prior authorization processes for items and services that are, in the end, routinely approved. Additionally, the use of prior authorization to approve care—including rehabilitation services and devices, transplantation, non-elective surgeries, and cancer care—is especially difficult to justify given that these and many similar medical services are unlikely to be over-utilized and often need to be provided in a timely manner in order to maximize their medical efficacy.

The need for prior authorization reform has been most recently (and strikingly) emphasized by the Department of Health and Human Services Office of Inspector General’s (“HHS OIG”) report released in April 2022.¹ This report found that MA Organizations (“MAOs”) “sometimes delayed or denied Medicare Advantage beneficiaries’ access to services, even though the requests met Medicare coverage rules.” Post-acute care services, particularly admissions to inpatient rehabilitation facilities (“IRFs”) and skilled nursing facilities (“SNFs”), were among the most prominent types of frequent denials through the use of prior authorization. The HHS OIG found that MAOs often claimed that beneficiaries’ needs could be met at lower levels of care, but the OIG’s own medical reviewers found denied patients met the clinical criteria for the IRF or SNF level, would have benefited from the higher level of care, and that the lower levels of care were, in fact, not clinically sufficient.

These findings echo previous figures reported by the HHS OIG, including the finding that when beneficiaries and providers appealed initial denials, MA plans overturned their own denials 75% of the time.² This further demonstrates that MA plans routinely shift the burden onto patients and providers to appeal initial denials of care that are routinely approved when appealed. Unfortunately, the appeals process is cumbersome, time-intensive, and subject to significant delay due to a backlog of cases. Thus, beneficiaries and providers who do not press forward with the appeals process lose access to needed care.

The *Improving Seniors’ Timely Access to Care Act* would be an important and significant step forward in reforming the overuse of prior authorization in the MA program and reducing the frequency of inappropriately delayed or denied rehabilitation care. The legislation is based on a consensus statement on prior authorization reform developed by leading national organizations representing physicians, medical groups, hospitals, pharmacists, and health plans, and would

¹ U.S. Department of Health and Human Services, Office of Inspector General. Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care; Report (OEI-09-18-00260) (Apr. 2022).

² U.S. Department of Health and Human Services, Office of Inspector General. Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns about Service and Payment Denials; Report (OEI-09-16-00410) (Sept. 2018).

facilitate electronic prior authorization, improve transparency for beneficiaries and providers alike, and increase the Centers for Medicare and Medicaid Services (“CMS”) oversight of how MA plans use prior authorization. More specifically, the legislation would accomplish these five goals:

1. Establish an electronic prior authorization (“e-PA”) process for MA plans including a standardization for transactions and clinical attachments.
2. Increase transparency around MA prior authorization requirements and their use.
3. Provide a pathway for CMS to institute real-time decisions for routinely approved items and services in the future and clarify CMS’ authority to establish timeframes for e-PA requests including expedited determinations, real-time decisions for routinely approved items and services, and any other PA request.
4. Expand beneficiary protections to improve enrollee experiences and outcomes.
5. Require the Department of Health and Human Services (“HHS”) and other agencies to report to Congress on program integrity efforts and other ways to further improve the e-PA process.

As more enrollees, especially seniors and individuals with disabilities, choose Medicare Advantage for their health insurance needs, it is critical that prior authorization does not serve as a barrier to access for medically necessary services. We view this legislation as a necessary next step in normalizing the prior authorization process and making it more equitable for beneficiaries, and we urge Congress and the new Administration to meaningfully address this important area.

CPR will continue to advocate for further reforms to prior authorization and to the MA program to ensure access to medically appropriate rehabilitative care for beneficiaries. Ongoing work is needed to truly meet patient needs, and we strongly support this bill as a step forward in these efforts. We urge Congress to pass this bipartisan and bicameral bill as soon as possible in the 119th Congress and to include it in any legislative vehicle moving before the end of the year to advance protections for millions of MA beneficiaries nationwide.

Should you have any further questions regarding this information, please contact Peter Thomas or Michael Barnett, coordinators for CPR, by e-mailing Peter.Thomas@PowersLaw.com or Michael.Barnett@PowersLaw.com, or by calling 202-466-6550.

Sincerely,

The Undersigned Members of the Coalition to Preserve Rehabilitation

ACCSES

ADVION

ALS Association

American Academy of Physical Medicine & Rehabilitation

American Association on Health and Disability

American Congress of Rehabilitation Medicine

American Medical Rehabilitation Providers Association
American Music Therapy Association
American Occupational Therapy Association
American Physical Therapy Association
American Speech-Language Hearing Association
American Spinal Injury Association
American Therapeutic Recreation Association
Amputee Coalition
Association of Academic Physiatrists
Association of Rehabilitation Nurses
Brain Injury Association of America*
Center for Medicare Advocacy*
Christopher & Dana Reeve Foundation*
Disability Rights Education and Defense Fund (DREDF)
Epilepsy Foundation of America
Falling Forward Foundation*
Lakeshore Foundation
Long Island Center for Independent Living (LICIL)
Muscular Dystrophy Association
National Association for the Advancement of Orthotics and Prosthetics
National Association of Rehabilitation Providers and Agencies
National Disability Rights Network (NDRN)
National Multiple Sclerosis Society*
RESNA
Spina Bifida Association
United Spinal Association*

**** CPR Steering Committee Member***