

## **Improving Seniors Timely Access to Care Act of 2019 (H.R. 3107)**

**Background:** Prior Authorization (PA) is a process through which approval for coverage of a medical service or supply item must be obtained by a health care provider before the service or item may be furnished to a patient. PA policies and other utilization tools can sometimes play a role in ensuring patients receive clinically appropriate treatment while controlling costs. However, more and more PA requirements are overused and applied to all physicians, regardless of their ordering patterns or adherence to evidence-based clinical guidelines, and result in the delay of medically necessary care. Additionally, the time-consuming processes used in PA programs also burden physicians and other health care professionals, diverting valuable resources away from direct patient care.

**The Problem:** Medicare Advantage (MA) plans in several states, including Michigan and New Jersey, are imposing new PA requirements on vascular ultrasound procedures. Vascular ultrasound utilization reduces the risks involved with other more expensive or invasive diagnostic imaging modalities, which may present more significant morbidity and mortality risks.

Many noninvasive vascular studies are performed urgently to document the presence or absence of vascular disease, to assess the outcome of a surgical or interventional procedure, or to diagnose a change in status of the patient. By requiring PA, urgent and important treatment decisions may be delayed for stroke patients or patients with a blood clot in their leg that could result in leg amputation. The ultimate impact can be unnecessary hospitalization, use of an invasive radiologic procedure when highly accurate, noninvasive testing could have been utilized, or delaying surgical or minimally invasive vascular intervention when testing should have been performed in a timelier manner. For the patient this may result in significant adverse outcomes, or even death.

**The Solution:** [Representative Suzan DelBene \(D-1<sup>st</sup>-WA\) and Representative Mike Kelly \(R-16<sup>th</sup>-PA\) have introduced H.R. 3107, Improving Seniors Timely Access to Care Act of 2019.](#) This bill will improve patient access to medically necessary care and reduce the burden and costs that restrictive PA policies impose on physicians under MA plans. H.R. 3107 does the following:

- **Requires MA plans to implement a streamlined electronic PA process that complies with technical standards developed by the Secretary of HHS, in consultation with relevant stakeholders.** This process shall provide for the secure transmission of a PA request from a health care professional and a response in real time from the MA plan to the health care professional.
- **Requires increased transparency for beneficiaries and providers and increased oversight by the Centers for Medicare & Medicaid Services (CMS) on the processes used for PA.** MA plans shall submit annual reports on PA programs that list all items and services subject to PA, the percentage of PA requests approved on these items in the previous plan year, and the average time for a PA determination to be made upon submission of a PA request. MA plans will also be required to publish any criteria, policies or procedures used by the plan for making determinations with respect to PA requests.
- **Prohibits PA requirements with respect to certain items and services.** A MA plan may not impose any additional PA requirements on any item, surgical or invasive

procedure if it is furnished during the peri-operative period of a procedure for which PA was either not required or already received by the MA plan.

**Request: The Society for Vascular Surgery (SVS) requests that you contact the office of Representative Suzan DelBene or Representative Mike Kelly to co-sponsor H.R. 3107. SVS urges Congress to act quickly to pass H.R. 3107 and enact these practical PA reforms to ensure patient access to high quality, medically necessary vascular care.**