

WHA-Supported Bill to Improve Medicare Advantage Prior Authorization Clears U.S. House of Representatives

On Sept. 14, the United States House of Representatives passed the [Improving Seniors' Timely Access to Care Act](#) on a unanimous voice vote.

This legislation, which is [supported by WHA](#) and the American Hospital Association, would establish various standardization and transparency requirements for the prior authorization practices of health insurers offering Medicare Advantage Plans. Among other things, it would require these plans to:

- Establish an electronic prior authorization program to provide real-time decisions in response to requests for items and services that are routinely approved,
- Annually publish transparency information such as the percentage of requests approved and the average response time, and
- Create quality and timeliness standards for prior authorization determinations.

The House's action to pass this legislation comes in the wake of more attention focused on health insurer practices that unfairly interfere with patient care. [WHA sent a comment letter to CMS in March](#) highlighting many of the concerns from these practices, and a [May 2022 report from the Office of Inspector General](#) found even more evidence showing insurers have been unfairly denying care.

The legislation, which included 323 House members cosponsoring it, including Reps. Moore, Grothman, Pocan, Kind and Gallagher from Wisconsin, also has 42 cosponsors in the Senate. Even with this significant level of support, it is unclear if or when the Senate will take the legislation up, though some have speculated it could be included in a year-end omnibus package.

The Congressional Budget Office [estimated](#) the bill would add \$16 billion in costs over a 10-year period. Its estimate is based on the premise that the reforms in the bill would lead to a greater utilization of Medicare services by Medicare beneficiaries.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

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