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House Ways & Means Advances Seniors Timely Access to Care Act, Transparency Bills

On July 15, the U.S. House Ways & Means Committee advanced a package of key health care bills, including the Seniors Timely Access to Care Act.

WHA has long supported passage of the Seniors Timely Access to Care Act, which aims to streamline the prior authorization process in Medicare Advantage (MA). The legislation had passed the U.S. House unanimously in 2022 but stalled in the U.S. Senate after the Congressional Budget Office (CBO) estimated its cost at \$16 billion. The 2024 version of this legislation scored as cost neutral from CBO due to CMS having finalized rulemaking effectuating certain aspects of the previous legislation to reduce the score by \$4 billion. Additionally, the authors decided to remove real-time decision requirements and expedited determinations that had been in the previous iteration of the legislation. While last session's legislation was supported by a super majority of members in the Senate (60) and a majority in the House (232), it failed to pass in a session that was defined by gridlock.

The legislation would establish a standardized electronic prior authorization process and require MA plans to eventually get to real-time decisions for routinely approved items as well as expedited decisions for other services. It would also increase transparency around how insurance plans use prior authorizations and ensure prior authorization requests are reviewed by qualified medical personnel rather than algorithms or non-medical staff. The current legislation is cosponsored by 297 members of the House and 70 members of the Senate including Wisconsin Reps. Pocan, Moore, Grothman, Van Orden and Steil, as well as Senator Baldwin.

The committee also advanced the Healthcare Price Certainty for All Americans Act, legislation that would codify many of the price transparency requirements hospitals and health insurers already report under the Hospital Price Transparency and Transparency in Coverage rules. Unfortunately, the legislation seems to call into question whether hospital patient price estimator tools would continue to satisfy the rule's shoppable services requirement and would also greatly increase civil monetary penalties despite the fact that hospitals are complying with the rule and have undergone thousands of reviews by CMS.

Congresswoman Moore, who voted against advancing the bill, read a prepared statement from Ranking Member Neal (D-MA) who concluded, "Despite all the talk of transparency, this bill doesn't actually give patients what they need."

In addition to this legislation, the committee advanced a number of other bills, including:

- The Medicare Advantage MLR Transparency Act (HR 9644), which aims to require MA plans to report more detailed medical loss ratio information beginning in 2029;
- The Rural Patient Monitoring Act (HR 3108), which aims to boost Medicare payments for remote patient monitoring services in rural areas;
- The Essential Caregivers Act of 2026 (HR 9641), which aims to guarantee access to essential caregivers during future public health emergencies;
- The Medicare Access To Rural Anesthesiology Act (HR 9642), which aims to increase Medicare reimbursement for rural anesthesiology services;
- The Saving Today's Acute Care Resources (STAR) Act (HR 9468), which aims to better align policy with the clinical complexity for patients requiring long-term care hospital stays.

While it is currently unclear what the Senate will do with these bills, WHA will continue to closely follow this legislation through the legislative process.

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EDUCATION EVENTS

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Seeing the Real Market: Using Claims Enhanced Intelligence to Make Better Strategy, Access, and Growth Decisions