

Submitted electronically via [www.regulations.gov](http://www.regulations.gov)

March 25, 2022

Micky Tripathi, Ph.D., M.P.P.  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Mary E. Switzer Building  
330 C Street SW  
Washington, DC 20201

***RE: Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria [RIN-0955-AA04]***

Dear Dr. Tripathi:

The Association of American Medical Colleges (AAMC) welcomes this opportunity to comment on the Office of the National Coordinator for Health Information Technology (ONC) Request for Information “Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria” 87 *Fed. Reg.* 3475 (January 24, 2022). The AAMC is a nonprofit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and the millions of individuals employed across academic medicine, including more than 186,000 full-time faculty members, 94,000 medical students, 145,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC remains concerned that prior authorization when used as a utilization management tool by payers often causes delays in patients’ ability to receive timely, medically necessary care and imposes additional administrative burden on providers.<sup>1</sup> Some literature that suggests prior authorization may negatively impact the treatment of underserved patients which requires serious review.<sup>2, 3</sup> While we oppose prior authorization policies, **the AAMC strongly supports prior authorization reform, including efforts to improve prior authorization processes to reduce burden on patients and providers.**

---

<sup>1</sup> See American Medical Association (AMA), “2021 AMA prior authorization (PA) physician survey,” (2022). Available at: <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

<sup>2</sup> See Lu et al., “Unintended Impacts of Medicaid Prior Authorization Policy on Access to Medications for Bipolar Illness,” *Medical Care*. Volume 48, Issue 1 (January 2010).

<sup>3</sup> See Association of Black Cardiologists, Inc. “Identifying How Prior Authorization Impacts Treatment of Underserved and Minority Patients,” (Winter 2019). Available at: <http://abcario.org/wp-content/uploads/2019/03/AB-20190227-PA-White-Paper-Survey-Results-final.pdf>

We believe that electronic health record (EHR) systems could be better leveraged to automate ordering services and electronic prior authorization processes through the adoption of standardized templates and data elements. **However, improving prior authorization requires broad adoption of national standards by payers and cannot be shouldered by providers alone. We urge ONC to collaborate with the Centers for Medicare & Medicaid Services (CMS) on testing technologies and workflows prior to establishing standards through rulemaking for its health information technology (IT) certification program.** For example, ONC could coordinate with CMS on requirements for CMS-regulated payers to meet standards for the quality and timeliness of electronic prior authorization determinations, following on the agency's prior efforts to improve the prior authorization process.<sup>4</sup> **Collaboration should build off the development of an electronic prior authorization solution that is fully developed, tested, and piloted in the field prior to wide scale industry rollout.**

The AAMC has previously commented on the burden of the prior authorization process and the need for improvements to promote safe, timely and affordable access to care for patients through reducing administrative burden.<sup>5</sup> Providers strive to deliver quality health care in an efficient manner. However, the frequent phone calls, faxes, electronic health record (EHR) connectivity with unique health plan and payer systems, and different forms that physicians and their staff must complete to obtain prior authorizations hinder efficient care. Rules and criteria for prior authorization must be transparent and available to the physician at the point of care. In addition, if a service or medication is denied, both the patient and the physician should be provided a specific reason for the denial and other alternatives that may be covered (e.g., different medications) and a quick appeal process. **Medically necessary care should not be denied because a physician and/or patient cannot jump through complicated opaque hoops.**

The use of standardized electronic prior authorization transactions has the potential to save patients, providers, and health payer utilization reviewer significant time and resources and speed up the care delivery process. **ONC and CMS should approach potential changes to regulatory schemes judiciously to effectively update and create standard transactions without unduly burdening health care payment processes.** Any substantial change in the technology and/or standards used in health care information exchange should be sufficiently tested to ensure functionality, analyzed to establish projected return on investment, and incorporated according to an appropriate glide path to minimize systematic disruption.

### ***Impact on Patients***

The Department of Health and Human Services Office of the Inspector General (OIG) issued a report in 2018 that warned that prior authorization delays by Medicare Advantage health plans could negatively impact patient access to care.<sup>6</sup> Additionally, one third of physicians reported in a 2021

---

<sup>4</sup> See 85 *Fed. Reg.* 82586 (December 18, 2020).

<sup>5</sup> See "AAMC Comments on CMS Proposals to Reduce Prior Authorization Burden," AAMC Washington Highlights (January 2021). Available at: <https://www.aamc.org/advocacy-policy/washington-highlights/aamc-comments-cms-proposals-reduce-prior-authorization-burden>

<sup>6</sup> See Daniel R. Levinson, "Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials," (September 2018). Available at: <https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf>

AMA survey that prior authorization led to a serious adverse event, such as hospitalization, disability, or death, for a patient in their care.<sup>7</sup> More than 80 percent of responding physicians in the 2021 survey said that patients abandon treatment due to authorization struggles with their health insurer.<sup>8</sup> This largely suggests improving prior authorization processing, such as the widespread adoption of interoperable electronic prior authorization by health plans and payers, could improve timeliness of care for patients and reduce patient non-adherence to treatment plans.

**The AAMC recommends that any regulation standardizing prior authorization processing include requirements that health plans issue prior authorization determinations in a timely manner to ensure that patients benefit from process improvements.** To prevent detrimental delays in patient care, we recommend that prior authorizations determinations be issued within 72 hours for standard requests, and 24 hours for urgent matters. Additionally, although standardization of the process represents a significant opportunity to improve patient outcomes, it should not be viewed as a cure-all for provider prior authorization. In addition to automating the current burdensome processes, patients deserve additional reform, including oversights that health plans and payers are not denying medically appropriate care, controls to ensure prior authorization is only applied to services with high costs or a history of overutilization, and requirements that prior authorizations are continuously reviewed and processed (rather than only during standard business hours).

### ***Impact on Providers***

The availability of electronic prior authorization capabilities within certified health information technology will only reduce burden for healthcare providers to the extent that it is broadly standardized and adopted by health plans and payers. The AAMC believes that providers will adopt electronic prior authorization as the preferred method if the ONC and CMS collaborate to achieve a seamless process with straight forward requirements. Work must be done to encourage health plans and payers to adopt electronic prior authorization standards, so that technological capabilities implemented by EHR vendors are meaningfully used. **The AAMC believes that if the full potential of the technological capabilities for electronic prior authorization is adopted by payers and maximized within the electronic health record by vendors, the reduced burden on providers could be incentive enough to implement the functionality. ONC should not consider imposing additional requirements on providers to effectively use these capabilities.**

Relatedly, the costs and time invested to adopt new certified EHR technology standards for electronic prior authorization and to implement the functionality as part of the care delivery process are not nominal. In addition to vendor costs for additional capabilities, which may vary by product and contract, providers would need to commit significant staffing hours to health IT deployment and clinician training. **Provider up-front investment to adopt and implement electronic prior authorization standards is worthwhile to improve care delivery so long as payers and health plans broadly adopt policies to support the use of electronic prior authorization to improve processing and approving requests.**

---

<sup>7</sup> See AMA 2021 PA Survey, *supra* note 1.

<sup>8</sup> *Ibid.*

Finally, prior authorization policies and processing represents a significant burden on providers and diverts valuable resources from patient care. The AMA reports that physicians and their staff spend roughly two days per week completing prior authorizations, with 88% of physicians surveyed describing the burden associated as high or extremely high.<sup>9</sup> **Adoption of electronic prior authorization processes that can meaningfully streamline the arduous process will improve patient care in addition to reducing provider burnout.**

#### CONCLUSION

We thank the ONC for this opportunity to provide comment on the potential of electronic prior authorization standards and remain committed to work with ONC on any of the issues discussed above or related topics that impact the academic medicine community. If you have questions regarding our comments, please feel free to contact me or Phoebe Ramsey, [pramsey@aamc.org](mailto:pramsey@aamc.org).

Sincerely,



Janis M. Orlowski, M.D., M.A.C.P.  
Chief Health Care Officer, AAMC

cc: Phoebe Ramsey, J.D., AAMC

---

<sup>9</sup> See AMA 2021 PA Survey, *supra* note 1.