

January 22, 2018

The Honorable David Schweikert
2059 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Bill Johnson
1710 Longworth House Office Building
Washington, D.C. 20515

The Honorable Mike Thompson
231 Cannon House Office Building
Washington, D.C. 20515

The Honorable Ben Ray Lujan
2231 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Schweikert, Johnson, Thompson and Lujan:

The undersigned organizations write in support of legislation to improve prior authorization (PA) of medications in the Medicare program. If enacted, this policy will improve efficiencies within the Medicare program, as well as, beneficiary access to prescribed medications. Most importantly, we believe a more efficient PA process will help to improve health outcomes and reduce overall health costs.

Electronic prior authorization (ePA) streamlines this process by automating many of the communications among health care providers, payers and pharmacists, which, in turn, helps patients obtain their prescribed therapies without delay. Traditionally, payers and providers work through a PA process to determine whether a patient clinically needs a medication. This is completed through phone calls, paper forms and faxes. Physicians spend, on average, 20 hours per week working through PA requests. Because of the burdensome PA process, 75 million prescriptions are abandoned at the pharmacy counter every year, causing disease progression and increased costs to the health system.

Simply put, current technology can largely automate the communication process, ensuring prompt and succinct answers to questions regarding the clinical need for a patient's medication. ePA uses HIPAA approved electronic healthcare transaction standards that providers, pharmacists and commercial health plans use every day. This greatly reduces the 20 hours of average weekly time spent resolving clinical questions to less than 10 hours per week.

In the commercial market, ePA's adoption has seen great success. A recent survey shows that 90 percent of payers in the commercial market, 79 percent of pharmacies and 57 percent of EHR systems are already ePA compatible and using the technology. Unfortunately, Medicare has failed to keep pace with the private sector, and, as a result, Medicare beneficiaries face rejection of prescribed medications at the pharmacy counter due to a needed PA.

Applying ePA to the Medicare Part D program would produce savings, reduce provider burdens and improve patient access. We support legislation that expands its use in the Medicare program.

Thank you for your leadership on this issue and we look forward to working with you to encourage the use of ePA within Medicare.

Sincerely,

American Academy of Ophthalmology

AstraZeneca

athenahealth

Cerner

CoverMyMeds

Curadite

Express Scripts

GlaxoSmithKline

Global Healthy Living Foundation

IBM

Healthcare Leadership Council

McKesson

National Association for Mental Illness

NCPIE

OptumRx

Patients Rising Now