



March 10, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0057-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-facilitated Exchanges

Dear Administrator Brooks-LaSure,

On behalf of the Emergency Department Practice Management Association (EDPMA), we are writing to provide feedback on CMS's *Advancing Interoperability and Improving Prior Authorization* proposed rule. EDPMA is the nation's largest professional physician trade association focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups of all ownership models and sizes, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. Together, EDPMA's members deliver or directly support health care for about half of the 146 million patients that visit U.S. emergency departments each year.

Overall, the EDPMA appreciates the direction of this rule and believes that the policies under consideration will play an important role in reducing care delays and improving patient outcomes. Given the growing number of beneficiaries enrolled in Medicare Advantage (MA) plans, we also appreciate that the provisions in this rule would extend to MA organizations, among other payers.

Although the Affordable Care Act (ACA) of 2010 specifically prohibits the use of prior authorization related to emergency care, prior authorization still has significant ripple effects on emergency physicians and their patients. Strict payer prior authorization policies cause patients to present at the ED for non-emergency conditions when they are unable to access care in other locations, raising healthcare costs and limiting access for patients with true emergencies. Importantly, prior authorization policies also cause delays that contribute to ED boarding, where admitted patients are held in in the ED while awaiting an inpatient bed. As EDPMA and other emergency groups have expressed to CMS in recent years, ED boarding is at a crisis level. While there are numerous factors that contribute to ED boarding, the American Hospital Association (AHA) noted in a 2022 [letter](#) to CMS that the use of prior authorization among MA plans delays patient transfers to post-acute settings and results in

unintended consequences for patients forced to stay in acute care settings unnecessarily while waiting for health plan administrative processes to authorize the next steps of their care. ED boarding is a serious healthcare problem that compromises patient safety, results in patient privacy issues, and may lead to poor patient outcomes.

EDPMA thanks CMS for its recent efforts to streamline prior authorization processes. EDs are already strained due to the residual effects of COVID-19 and other issues. Policies that will streamline prior authorization processes by making them more transparent, predictable, and timely will have a positive impact on ED patients in terms of access and quality of care.

EDPMA appreciates the opportunity to provide feedback during this pre-rulemaking process. Should you have any questions, please do not hesitate to contact EDPMA Executive Director Cathey Wise at cathey.wise@edpma.org.

Sincerely,

A handwritten signature in cursive script that reads "Don Powell, DO". The signature is written in dark ink and is positioned above the typed name.

Don Powell, DO, FACEP EDPMA
Chair of the Board