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Dr. Mickey Tripathi, PhD, MPP  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

***Re: Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria (RIN-0955-AA04)***

Dear Dr. Tripathi:

AMGA would like to thank the Office of the National Coordinator for Health Information Technology (ONC) for the opportunity to submit comments to its Request for Information (RFI) on the Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria. AMGA is committed to working with the ONC to improve the electronic prior authorization standards to ease the burden of prior authorization tasks on providers, patients, and payers. The current electronic prior authorization process creates significant barriers for patients by delaying the start or continuation of necessary treatments, which negatively affects patient health outcomes.

AMGA is pleased to offer the following recommendations to reduce the negative effect that prior authorization has on patients, providers, and the health care systems.

**Key Recommendations:**

**Create Payer-Based Standardization:** AMGA recommends requiring each payer to utilize one standard template to gather the information needed to make a prior authorization decision.

**Reduce Prior Authorization Use:** AMGA recommends that prior authorization requirements become less common, particularly for those providers in value-based models of care or those with a demonstrated history of delivering high-quality, clinically appropriate care.

AMGA thanks the ONC for the consideration of its recommendations, which are detailed below.

**Need for Standardization**

AMGA members report significant administrative burden associated with prior authorizations. Currently, our members must contend with standards that vary from payer to payer, as well as manual prior authorization processes that must be completed outside of the electronic health record. Due to this fragmented process, providers and patients face delays in care and an interruption of clinical workflows.

To alleviate this problem, a streamlined, standardized electronic prior authorization (ePA) process should be deployed across all payers and pharmacy benefit managers (PBMs). Institution of a standardized ePA process could significantly reduce the burden in processing prior authorization requests. To realize fully a system that is patient-centric, the processes and systems in place must facilitate real time or near-real time processing of prior authorization request to provide decisions at the point of care and, critically, before patients leave their physician's office. A lack of standardization in the current system slows these requests and can result in delayed care. The ePA process also should inform patients about the status of the prior authorization request. Often, patients will turn to their physicians and caregivers for updates, who will not be able to offer them any news on the status of the request. The ePA system should feature alerts that are sent directly to the patient.

#### **Reduce Prior Authorization Use**

Ultimately, AMGA believes the issues surrounding prior authorization can best be solved by eliminating it when at all possible. ONC should work with other regulators and stakeholders to implement an ePA process that automatically clears or waives prior authorization requirements for those providers either who are participating in a value-based model of care or who have demonstrated high quality care. Prior authorization is a blunt tool to manage utilization. For those providers delivering care in value-based model, the incentives to over-utilize select procedures, tests, or medications, do not exist. Similarly, those providers with a history of delivering high quality and clinically appropriate care will have their requests approved, reducing the prior authorization to little more than an unnecessary administrative hurdle. Payers concerned about inappropriate utilization would be better served by working with providers to address any concerns, rather than deploying a dragnet that delays care and creates an administrative burden for providers and patients, who often are unsure what is causing a delay in their care.

AMGA hopes that these comments are helpful and greatly appreciates the opportunity to help guide the agency on this complex and increasingly important issue. We look forward to continuing our valuable partnership with the ONC. Should you have questions, please contact Darryl M. Drevna, AMGA's senior director of regulatory affairs, at 703.838.0033 ext. 339 or at [ddrevna@amga.org](mailto:ddrevna@amga.org).

Sincerely,



Jerry Penso, M.D., M.B.A.  
President and Chief Executive Officer  
AMGA