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March 13, 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,

The Oncology Nursing Society (ONS) appreciates the opportunity to provide feedback on the aforementioned proposed rule.

ONS is deeply appreciative of CMS' proposals to address prior authorizations, and particularly appreciate the expansion of the impacted payers to include Medicare Advantage (MA) plans, for which these policies would apply. Generally, the prior authorization process for chemotherapy medications is among the chief "pain points" that face cancer patients and their providers, including oncology nurses who frequently manage this activity. In fact, according to a recent study of oncology practices, prior authorizations caused significant delays in care leading to a number of patient harms, including treatment delays and increased patient costs[1]. Our members report that prior authorizations and other forms of utilization management are a tremendous strain on resources, diverting oncology nurses' attention away from direct patient care activities to instead battle with insurance representatives who often lack relevant clinical expertise and inappropriately deny medically necessary care. The burden has become so great that it is a major contributor to many health care professionals leaving the field of medicine altogether.

Nevertheless, we are disappointed that CMS did not include prescription and covered outpatient drugs, such as antineoplastic agents, which are cornerstone of most cancer care and treatment, as part of its proposals. ***We urge CMS includes medications as part of its finalized policies.***

In addition, we note that patients with cancer face unnecessary barriers in starting or continuing therapy when coverage details change. Prior authorizations and other utilization management protocols that have been previously met (e.g., step therapy) must be transferable across plans, particularly in the case of cancer care and treatment, and should not expire or be modified without direction from patient's cancer care team. The evidence-based nature of these decisions should make transference across payers less complex. For this reason, ***we urge CMS to modify its policy such that prior authorization approvals***

[1] https://old-prod.asco.org/sites/new-www.asco.org/files/ASCO-Prior-Auth-Survey-Summary-November-2022.pdf

granted for a patient by one insurer would be honored for that patient by the next insurer. Similarly, ***we urge CMS to require payers to except patients from step therapy protocols that have been previously met under a prior plan.***

Also, the timeframes that CMS proposes for payer decisions are inappropriate, particularly for patients undergoing cancer care and treatment. ***CMS must finalize shorter turnaround times as follows: Standard requests should be responded to within 48 hours; Expedited requests should be responded to within 24 hours, at a minimum.*** We urge CMS to work with payers on mechanisms that would allow real-time decisions in the future, as well.

Moreover, given the proposals will rely on health information technologies used by providers, ***we urge CMS to work with the Office of the National Coordinator (ONC) for Health IT to ensure the certification criteria are modified so that providers will have ready access to the APIs, including the Prior Authorization Requirements, Documentation, and Decision API (PARDD API).*** Further, ***we oppose the inclusion of a new measure, "Electronic Prior Authorization," in the Merit-Based Incentive Payment System (MIPS) Promoting Interoperability performance category.*** This runs counter to the goals of the Agency in reducing provider burden and would not represent a meaningful measure of quality.

ONS lauds the agency for steps to advance interoperability under this proposed rule. ***With the stipulation that CMS includes medications as part of the Patient and Provider Access Application Programming Interfaces (APIs), and the Payer-to-Payer Data Exchange, we support finalization of these requirements as soon as possible.***

Last, ***we support and encourage CMS to finalize proposals that would require plans to publicly report prior authorization metrics, and encourage CMS to require public reporting of top denial reasons.***

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We appreciate the opportunity to comment on the aforementioned proposed rule. If you have any questions about our comments, please contact Alec Stone, ONS Public Affairs Director, at astone@ons.org.

Sincerely,

The Oncology Nursing Society

About ONS

The Oncology Nursing Society (ONS) is a professional organization of over 39,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.