

National President and CEO
Harold P. Wimmer

August 12, 2019

The Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
P.O. Box 8013
Baltimore, MD 21244-1850

Re: Request for Information; Reducing Administrative Burden to Put
Patients Over Paperwork

Dear Secretary Azar and Administrator Verma:

Thank you for the opportunity to provide feedback on the request for
information regarding the Patients over Paperwork initiative.

The American Lung Association is the oldest voluntary public health
association in the United States, currently representing the more than 35
million Americans living with lung diseases including asthma, lung cancer
and COPD. The American Lung Association is the leading organization
working to save lives by improving lung health and preventing lung disease
through research, education and advocacy.

The Lung Association offers the following comments on changes that could
help healthcare providers spend more time with their patients and ensure
that patients with lung disease receive high quality care.

Improve the accessibility and presentation of CMS requirements for quality
reporting, coverage, documentation, or prior authorization

Over the past few years, the Administration has released proposals to
expand the use of prior authorization and step therapy in both the
Medicare Part B and Medicare Part D programs. Prior authorizations and
step therapy place significant burdens on both patients and providers.
Physicians report that restrictions like prior authorization can lead to
delays in patients' access to necessary care – in some cases, leading to

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serious adverse events for patients – and lead some patients to abandon treatment.¹ Patients managing COPD or fighting lung cancer cannot afford to lose time waiting for paperwork to process before beginning treatment or receiving the proper medication.

In addition to leading to lower quality care, prior authorization also creates a huge administrative burden for physicians and other healthcare providers. On average, physicians and their staff spend over 14 hours per week completing prior authorizations, and over a third of physicians have staff who work exclusively on prior authorizations.² The Lung Association encourages CMS to reduce prior authorizations and step therapy hurdles as it moves forward with this and other initiatives.

Simplify beneficiary enrollment and eligibility determination across programs

Recently approved section 1115 demonstration waivers have created additional administrative burdens for patients and providers in the Medicaid program. CMS has approved Section 1115 waivers in several states that require beneficiaries to report a minimum number of hours worked or prove that they meet certain exemptions in order to remain eligible for Medicaid. Increasing administrative requirements decreases the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, when Arkansas implemented a policy requiring Medicaid enrollees to report their hours worked or their exemption, the state terminated coverage for over 18,000 individuals and locked them out of coverage until January 2019.³ Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with lung disease. People in the middle of treatment for lung cancer relying on regular visits with healthcare providers or who must take daily medications to manage asthma or COPD cannot afford a sudden gap in their care.

These work reporting requirements also have a significant impact on providers. Helping patients navigate these complicated systems detracts from time and resources spent on patient care. Again, in Arkansas, providers reported challenges helping enrollees navigate the process for reporting hours worked and had to devote their own resources to providing laptops and iPads in their offices for patients.⁴ Providers also expressed concern about increased uncompensated care costs that they would have to absorb as a result of coverage losses from these policies.⁵ Additionally, for individuals who may qualify for a medical exemption, determination and validation of “medically frail” status will likely fall to physicians who will have to spend even more time completing paperwork verifying that an individual should be exempted. The Lung Association once again urges CMS to rescind the January 11, 2018 letter to state Medicaid directors regarding work and community engagement requirements; halt implementation of the recently approved 1115 demonstration waivers with work reporting requirements; and suspend approvals of any additional 1115 demonstration waivers that would reduce coverage or create new barriers to care.⁶

New recommendations regarding when and how CMS issues regulations and policies and how CMS can simplify rules and policies for beneficiaries, clinicians, and providers

The Lung Association would like to emphasize the importance of seeking notice and comment on any policy change, refinement or clarification that may impact the care that patients receive. This



will provide the agency with important information to determine that policies will not create additional burdens for patients and providers. Additionally, in order to ensure that CMS receives thoughtful feedback, the agency must allow stakeholders sufficient time to review a proposal and offer feedback. Comment periods for regulations and policies that are 30 days or shorter do not provide enough time for stakeholders – including physicians, patient organizations and other important communities – to review, analyze and comment on regulatory actions.

The American Lung Association urges CMS to work to reduce these unnecessary administrative burdens on patients as well as providers. Thank you for the opportunity to provide feedback.

Sincerely,

A handwritten signature in black ink that reads "Harold Wimmer". The signature is written in a cursive, flowing style.

Harold P. Wimmer
National President and CEO



¹ The American Medical Association, 2018 AMA Prior Authorization (PA) Physician Survey. January 2019. Accessed at: <https://www.ama-assn.org/system/files/2019-02/prior-auth-2018.pdf>

² [Ibid](#)

³ Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, “A Look at November State Data for Medicaid Work Requirements in Arkansas,” Kaiser Family Foundation, December 18, 2018. Accessed at: <https://www.kff.org/medicaid/issue-brief/a-look-at-november-state-data-for-medicaid-work-requirements-in-arkansas/>; Arkansas Department of Health and Human Services, Arkansas Works Program, December 2018. Available at: http://d31hzlkh6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fbd6c891d9bacb6/011519_AWReport.pdf

⁴ MaryBeth Musumeci, Robin Rudowitz and Cornelia Hall, “An Early Look at Implementation of Medicaid Work Requirements in Arkansas.” October 2018. Kaiser Family Foundation. Accessed at: <http://files.kff.org/attachment/Issue-Brief-An-Early-Look-at-Implementation-of-Medicaid-Work-Requirements-in-Arkansas>

⁵ [Ibid](#)

⁶ Patient Groups letter to CMS Administrator Seema Verma re Kentucky 1115 Work Requirement Waiver July 24, 2018. Accessed at: <https://www.lung.org/assets/documents/advocacy-archive/partners-letter-to-cms-re-ky-1115-decision.pdf>

