February 26, 2018

The Honorable Dave Schweikert (R-AZ) The Honorable Ben Ray Lujan (D-NM)
U.S. House of Representatives U.S. House of Representatives
2059 Rayburn HOB 2231 Rayburn HOB
Washington, D.C. 20515 Washington, D.C. 20515

The Honorable Bill Johnson (R-OH) The Honorable Mike Thompson (D-CA)
U.S. House of Representatives U.S. House of Representatives
1710 Longworth HOB 231 Cannon HOB
Washington, D.C. 20515 Washington, D.C. 20515

Dear Representatives Schweikert, Lujan, Johnson, and Thompson:

The American Academy of Dermatology Association (Academy), which represents more than 13,500 dermatologists nationwide, is pleased to offer its support for H.R. 4841, the “Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018.” If enacted, the bill has the potential to streamline and reduce delays for prior authorization approval in Medicare by requiring CMS to provide for the development of an electronic prior authorization (ePA) standard for Part D and Medicare Advantage plans.

Dermatologists are committed to providing the most effective and cost-efficient care and therapies to their patients, especially for patients suffering from chronic and disabling skin conditions. For many of these skin diseases and conditions, medications are specialized, highly nuanced and their efficacy is dependent on a number of patient factors. Prior authorization policies that place a third party, with no knowledge of the complexity or full history of a patient’s condition, in a decision-making position are not only inappropriate but they also impede patients’ access to the most effective treatment. The choice of therapy should be between a physician and his or her patient where consideration of all factors—efficacy and safety of all treatment options, co-morbidities, and support system—are taken into account and fully discussed and vetted.

Prior authorization and appeals policies should not unduly burden physicians or patients in accessing optimal drug therapy. Delays can cause irreparable harm to patients in need of specific treatments. Standardizing the process by which prior authorization determinations are made and quantifying and minimizing the delay of determination would help alleviate this burden and help patients access the therapies they need.

We appreciate that H.R. 4841 calls for the Centers for Medicare and Medicaid Services (CMS) to comply with technical standards adopted by the Health and Human Services (HHS) Secretary, in consultation with the National Council for Prescription Drug Programs (NCPDP) and health care
providers, among others. In fact, the AADA recently submitted a comment letter to CMS in response to the proposed rule for Part D (CMS-4182-OP: Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and PACE Program) recommending CMS adopt the NCPDP SCRIPT Standard Version 2013101 Prior Authorization transactions in order to encourage adoption of technology that allows for real time prior authorizations.

The Academy has made improving patient access to treatments a top priority. We appreciate your targeted effort to reduce the administrative burdens imposed by prior authorization policies. Please feel free to contact Christine O’Connor, the Academy’s Associate Director, Congressional Policy at coconnor@aad.org or (202) 609-6330 if you have any questions or if we can provide additional information.

Sincerely,

[Signature]

Suzanne Olbricht, MD, FAAD
President
American Academy of Dermatology Association