

June 15, 2026

Administrator Mehmet Oz
Centers for Medicare & Medicaid Services
Department of Health and Human Services

Electronically Submitted via
[regulations.gov](https://www.regulations.gov)

RE: Interoperability Standards and Prior Authorization for Drugs (CMS-0062-P)

Dear Administrator Oz:

On behalf of the [Chronic Care Policy Alliance](#) (CCPA) we appreciate the opportunity to submit comments on the proposed rule by the Centers for Medicare & Medicaid Services on Interoperability Standards and Prior Authorization for Drugs.

CCPA is network of state and regional advocacy organizations advancing public policy that improves the lives of those living with chronic conditions and diseases. We work to advance policies that strengthen patient-centered care, improve access to medically necessary treatments, and reduce barriers that interfere with effective disease management.

For patients with chronic conditions, access to treatment is often one of the most important tools available to maintain their health, independence, and quality of life. Delays in care, interruptions in treatment, and administrative barriers can have significant consequences for patients managing ongoing and complex health needs. Patients should have access to timely, understandable information about prior authorization requirements, coverage determinations, and treatment options so they can serve as informed participants in decisions affecting their care.

Support for the Proposed Rule

CCPA supports CMS's efforts to improve interoperability and modernize prior authorization processes. We believe the proposed rule represents an important opportunity to reduce administrative burden, improve communication across the healthcare system, and help patients receive medically necessary care more quickly.

1. Improving Information Sharing Can Improve Patient Care

CCPA supports efforts to strengthen interoperability across the healthcare system. Patients, providers, and health plans all benefit when information can be exchanged efficiently and accurately. Better information sharing can improve care coordination, reduce duplication, minimize administrative burden, and help ensure that treatment decisions are made using complete and timely information.

Most importantly, interoperability can help remove barriers that delay care and create frustration for patients attempting to access needed treatments.

2. Electronic Prior Authorization Can Reduce Delays

CCPA strongly supports the expansion of electronic prior authorization. Prior authorization has become one of the most significant administrative challenges facing patients and providers. Clinicians frequently spend substantial time navigating manual processes, submitting documentation, responding to insurer requests, and tracking authorization decisions.

These administrative burdens divert attention away from patient care and can delay treatment for days, weeks, or months. Electronic prior authorization offers an opportunity to streamline

these processes and reduce unnecessary delays that interfere with patient care. Specifically, we urge CMS to require that payers utilize the NCPDP Real-Time Prescription Benefit (RTPB) standard to indicate whether a drug is covered under a medical benefit. This ensures providers have immediate feedback and data to make the best medical decisions for their patients.

3. Faster Decisions Will Help Patients Access Care More Quickly

CCPA also supports efforts by CMS to establish more timely decision-making requirements for prior authorization requests.

For patients with chronic conditions, treatment delays are not merely administrative inconveniences. Delayed access to medications, tests, or therapies can lead to worsening symptoms, disease progression, avoidable complications, and increased healthcare utilization.

Patients should not be forced to wait unnecessarily for coverage decisions when timely treatment is needed. Clear timelines help create accountability and provide greater certainty for patients, caregivers, and providers.

Prior Authorization Reform Must Prioritize Patients

Administrative requirements that delay treatment, interrupt established care plans, or force patients to repeat previously completed utilization management requirements can jeopardize patient outcomes and undermine the patient-provider relationship.

As CMS modernizes prior authorization processes, the agency should ensure that these reforms strengthen the ability of patients and providers to make treatment decisions based on individual clinical needs. We encourage CMS to support informed decision-making between patients and their healthcare providers rather than create barriers that interfere with clinically appropriate treatment decisions.

Recommendations

1. Improve Transparency Around Coverage Determinations

When a treatment request is denied, patients deserve enough information to understand the decision and determine their next steps.

Denial notices should clearly explain what coverage requirement was not met, what additional information may be needed, and what pathways are available to seek reconsideration, request an exception, or appeal the decision.

Patients and providers should not be left guessing why a request was denied or what steps are necessary to move forward. Improving transparency can help reduce confusion, facilitate communication between patients and providers, and support more efficient resolution of coverage disputes.

CCPA encourages CMS to continue to improve the clarity of communications surrounding coverage determinations, including information about the basis for a denial and available options for reconsideration or appeal.

2. Ensure Coverage Determinations Are Informed by Appropriate Clinical Expertise

Coverage determinations should be based on a thorough understanding of the patient's condition, treatment history, and clinical needs.

CCPA believes that prior authorization requests should be reviewed by individuals with relevant clinical expertise in the disease area and treatment under consideration. Patients and providers should have confidence that coverage decisions are being made by reviewers who understand the complexities of the condition, available treatment options, and applicable standards of care.

CMS should consider policies that promote specialty-appropriate clinical review and help ensure that coverage determinations are informed by relevant medical expertise. Decisions regarding treatments for complex cardiac conditions, autoimmune diseases, neurological disorders, cancer, or other specialized areas of medicine should be evaluated by reviewers with expertise in those fields. Doing so can improve the quality and consistency of decision-making, reduce inappropriate denials, and strengthen trust in the prior authorization process.

3. Improve Transparency Around Utilization Management Practices

Patients and providers deserve clear information about how prior authorization and step therapy requirements may affect access to treatment. CCPA supports greater transparency regarding utilization management practices, including public reporting of metrics on the usage of prior authorization approvals, denials, appeals, and step therapy requirements at the plan level. These should be published at a minimum of annually, but greater frequency of bi-annual or quarterly updates would be preferred.

Greater transparency can also help identify situations where utilization management practices may be delaying, disrupting, or restricting access to medically necessary care. Making this information publicly available can improve accountability and provide patients, providers, and policymakers with a clearer understanding of how these requirements are being used and their impact on treatment access.

4. Protect Patients from Repeating Step Therapy Requirements

CCPA is particularly concerned about situations where patients are required to repeat step therapy protocols after changing health plans.

Patients who have already completed step therapy requirements should not be forced to restart the process simply because they enroll in a different health plan. Clinical history should follow the patient, and health plans should recognize previously completed utilization management requirements whenever appropriate.

CMS should leverage the interoperability tools established through this rule to ensure that treatment history, prior authorization records, and step therapy determinations can move with patients when they transition between coverage arrangements.

5. Protect Treatment Continuity and Stable Patients

Patients who are stable on an effective treatment should be protected from unnecessary disruptions in care. CCPA encourages CMS to pursue policies that support continuity of care, discourage unnecessary treatment disruptions, and preserve the ability of patients and providers to make treatment decisions based on clinical need.

Utilization management practices should not override clinical judgment or interfere with treatment decisions grounded in a patient's medical history, treatment response, and individual circumstances.

6. Establish Robust Exceptions and Appeals Processes

Utilization management requirements cannot account for every patient's medical circumstances. As a result, exceptions processes play a critical role in ensuring that patients can access appropriate care when standard coverage requirements do not reflect their clinical needs.

CMS should ensure that patients and providers have access to timely, understandable, and effective exceptions processes. These pathways should be designed to resolve access issues efficiently and provide meaningful opportunities for patients to obtain medically necessary treatments when unique clinical circumstances warrant flexibility.

CCPA appreciates CMS's commitment to improving interoperability and reducing barriers that delay patient care. We support the overall direction of the proposed rule and believe these reforms can help create a more efficient, transparent, and patient-centered healthcare system.

As CMS finalizes these policies, we encourage the agency to continue prioritizing timely access to care, continuity of treatment, transparency, and patient protections for individuals living with chronic conditions. Thank you for the opportunity to provide comments on this proposed rule.

Sincerely,

A handwritten signature in blue ink that reads "Elizabeth Helms". The signature is fluid and cursive, with the first name and last name clearly legible.

Elizabeth Helms
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