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June 3, 2020

The Honorable Kevin Brady, Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1011 Longworth House Office Building
Washington, DC 20515-4308

Dear Representative Brady:

On behalf of the more than 2 million retirees and future retirees represented by the National Retiree Legislative Network (NRLN), I am requesting that you support calling for a vote in the Committee on Ways and Means on **H.R. 3107, Improving Seniors' Timely Access to Care Act of 2019** and **H.R. 3911, Increasing Access to Quality Cardiac Rehabilitation Care Act of 2019**. H.R. 3109 was introduced on June 6, 2019 and H.R. 3911 was introduced on July 24, 2019.

Each of the private insurance companies providing Medicare Advantage (MA) plans has a unique way of handling its requirement for prior authorization. This often requires faxing of a patient's medical information or phone calls by clinicians, which takes precious time away from patient care and potentially lead to a delay of needed medical intervention.

The NRLN agrees with the intent of **H.R. 3107** that when MA plan participants need critical medical care, doctors and support staff should be spending their time working with patients instead of having to haggle with insurance companies over whether they can do their jobs.

Passage of **H.R. 3107** would improve the delivery of medical care for seniors in MA plans by standardizing prior authorization while also providing much needed oversight and transparency of health insurance companies.

The significance of **H.R. 3107** is shown by the 108 Democrats and 106 Republicans who are co-sponsors of the bill.

H.R. 3911 would amend the Bipartisan Budget Act of 2018 to expand and expedite patient access to cardiac and pulmonary rehabilitation services by authorizing physician assistants, nurse practitioners, and clinical nurse specialists to order patients to cardiac and pulmonary rehabilitation under Medicare, beginning January 1, 2021 rather than 2024.

Currently, only physicians are authorized to order and supervise cardiac or pulmonary rehabilitation for Medicare patients. This restriction can create unnecessary obstacles, delays, and paperwork before patients can receive the rehabilitation services that are needed on a timely basis and make it challenging for programs to operate in rural and underserved areas where physicians are scarce.

If you would like to know more about why the NRLN supports passage of **H.R. 3107** and **H.R. 3911**, please ask a member of your staff to contact me or Alyson Parker, the NRLN's Executive Director in Washington, DC at 813-545-6792 or executivedirector@nrln.org.

I would appreciate learning whether you will support the passage of **H.R. 3107** and **H.R. 3911**.

Sincerely,

A handwritten signature in black ink that reads "Bill Kadereit". The signature is written in a cursive, slightly slanted style.

Bill Kadereit, President,

National Retiree Legislative Network

Phone: 972-722-5928 Email: president@nrln.org