C+TAC
COALITION TO TRANSFORM ADVANCED CARE

June 15, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4201-P
P.O. Box 8013
Baltimore, MD 21244

Re: Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability Standards and Prior Authorization for Drugs for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges

Submitted electronically via www.regulations.gov

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule regarding its effect on those living with serious illness.

C-TAC is a national, non-partisan, not-for-profit coalition dedicated to ensuring that all those living with serious illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC comprises 200 national and regional organizations, including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

C-TAC defines serious illness as a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their family caregivers. This definition has been widely adopted, including by the National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF). Serious illness also differs by geography. People living in rural areas are older, sicker, and lack access to the full range of health care, and we advocate for improved care for any with less access to it.

Here are our comments on aspects of this proposed rule:

Decision timeframes for Drug Prior Authorization (PA)
CTAC supports establishing shorter and more aligned decision timeframes for PA of drugs. For people living with serious illness, time is clinically consequential: delays in access to medications or infused therapies can rapidly worsen symptoms, destabilize function, and trigger avoidable emergency department visits or hospitalizations.
PA delays also burden not only the patient but shift substantial work onto family caregivers, who must spend hours calling plans, coordinating with prescribers and pharmacies, and trying to manage escalating symptoms at home while treatment is pending. More predictable and expedited timelines across programs are therefore critical to reducing avoidable suffering and caregiver distress for families already stretched by serious illness.

PA API for Drugs
CTAC supports extending electronic PA requirements to drugs and incorporating drug-related coverage and documentation requirements into the relevant interoperability infrastructure. For people with serious illness, the burden of a fragmented authorization system is especially high because they are more likely to rely on multiple providers and medications across settings, including clinician-administered therapies and specialty drugs, and any breakdown in coordination can have immediate consequences for comfort, function, and stability at home. Clinicians caring for seriously ill patients also need accurate, actionable PA information at the point of prescribing, not after a family has made repeated calls or arrived at the pharmacy only to learn that treatment cannot proceed. Better electronic workflows can reduce avoidable treatment interruptions and help preserve care plans that are consistent with patient goals, particularly when those goals include remaining at home and avoiding crisis care. This also saves money for everyone involved.

Specific Denial Reasons and Detailed PA Data in Access APIs
CTAC supports requiring both specific reasons for drug PA denials and detailed PA data to flow through patient, provider, and payer-to-payer APIs. People with serious illness and their families are uniquely harmed by vague denials because every additional day spent deciphering a payer's reasoning can mean poorly controlled symptoms, caregiver exhaustion, and a higher risk that care will move from the home or outpatient setting into the emergency department or hospital. These denials have fueled the public anger over the current PA process.
Instead, clear denial rationales and accessible authorization information can help the care team act quickly to correct errors, submit needed clinical information, or pursue appeal pathways without forcing families to become full-time benefits navigators. This level of transparency is essential for preserving person- and family-centered care and for reducing the emotional and logistical strain that utilization management places on households facing serious illness. My patients and colleagues have better and more important things to do with their time.

API Usage Metrics and CMS Reporting
CTAC supports requiring impacted payers to report API endpoints and annual API usage metrics to CMS. For people with serious illness, the value of interoperability depends not on whether the technology formally exists, but on whether it is being used in ways that meaningfully reduce delays in access to clinically necessary medications across settings and transitions of care. Oversight of real-world API use can also help CMS identify where plans are still imposing

harmful friction on seriously ill patients and their caregivers, even after nominal compliance. Robust reporting will be particularly important to determine whether the rule is improving access for people who rely on frequent medication changes, complex treatment regimens, or high-touch care coordination over the course of serious illness.

Scope of Impacted Payers

CTAC supports applying these protections across Medicare Advantage, Medicaid, CHIP, and Qualified Health Plan coverage. Serious illness affects people across the lifespan and across coverage categories, and family caregivers should not face radically different prior authorization barriers simply because a loved one is enrolled in one program rather than another.

Coverage transitions are unfortunately common during serious illness, particularly when disability, age, employment loss, or changing family circumstances alter eligibility. Cross-program consistency is therefore essential to protecting continuity of treatment, avoiding medication interruptions during vulnerable transitions, and reducing needless stress on families already navigating a complex care experience.

HIPAA administration Simplification and FHIR standards for PA Transactions

CTAC the proposed sections adopting standardized FHIR-based approaches for PA-related transactions under HIPAA administrative simplification. For people with serious illness, administrative fragmentation is not merely inefficient; it can directly interfere with symptom management, treatment sequencing, and the ability to remain in the care setting that best matches the patient's goals and needs.

Standardization can reduce the communication failures that now force patients, caregivers, and interdisciplinary teams to bridge disconnected systems on their own. A more consistent national framework for PA transactions can help ensure that seriously ill patients receive timely medication access and that families spend less time navigating bureaucracy and more time focused on care, comfort, and quality of life.

Thank you for the opportunity to comment on this proposed rule. If you have any questions, please contact me at mgrant@thectac.org.

Sincerely,

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