



June 15, 2026

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-0062-P – 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 regulations.gov

Dear Administrator Oz:

The Health Innovation Alliance (HIA) appreciates the opportunity to comment on CMS-0062-P. HIA is a diverse coalition of patient advocates, health care providers, consumer organizations, employers, technology companies, and payers who support the commonsense use of data and technology to improve health outcomes and lower costs.

HIA strongly supports CMS's continued efforts to modernize prior authorization through interoperable, standards-based technologies. Prior authorization remains a significant source of administrative burden for patients, providers, and health plans. Electronic prior authorization can help reduce delays in care, improve transparency, and support more timely access to medically appropriate therapies.

As CMS advances electronic prior authorization, HIA believes three principles are particularly important:

- providers should have access to actionable coverage and prior authorization information at the point of care to support informed treatment decisions and reduce avoidable delays;
- electronic prior authorization solutions should be integrated into existing clinical and prescribing workflows to maximize adoption and minimize burden; and
- CMS should continue leveraging nationally recognized interoperability standards and implementation approaches that have achieved meaningful adoption across the healthcare ecosystem.

HIA appreciates CMS's efforts to advance these goals through the proposals included in CMS-0062-P and offers the following comments.

Point-of-Care Transparency and Coverage Information

HIA has consistently supported policies that make actionable coverage and utilization management information available at the point of care. Greater transparency regarding coverage requirements can help providers make more informed treatment decisions, reduce administrative burden, and improve patients' ability to access appropriate therapies.

Providers should have access, within existing clinical workflows whenever possible, to information regarding prior authorization requirements; coverage limitations and utilization management policies; step therapy requirements;

formulary status; alternative covered therapies; and documentation requirements needed to support coverage determinations.

Providing this information at the point of prescribing can help reduce unnecessary prior authorization requests, minimize treatment delays, and improve the efficiency of care delivery. Further, embedding standards like F&B and RTPB data into EHR and e-prescribing workflows can help prescribers choose the best option for the patient, likely shortening treatment initiation timelines, and improving patient adherence.

In addition, HIA supports efforts that provide clinicians with greater visibility into coverage, formulary, and benefit information before a prior authorization request is initiated. Access to actionable coverage information within prescribing workflows can help providers identify appropriate therapeutic options, avoid unnecessary administrative processes, and support more timely initiation of treatment.

CMS's continued efforts to improve the availability and usability of this information are an important component of broader interoperability and administrative simplification initiatives.

Expanding Electronic Prior Authorization for Drugs

HIA supports CMS's proposal to expand the Prior Authorization API framework established in the CMS Interoperability and Prior Authorization final rule (CMS-0057-F) to support drugs covered under the medical benefit.

Prescription drug therapies paid under the medical benefit are often clinically significant and time-sensitive components of a patient's care plan. Delays associated with manual prior authorization processes can contribute to treatment interruptions and administrative burden for both providers and patients.

Extending existing Prior Authorization API capabilities to drugs covered under the medical benefit will help promote a more consistent and streamlined prior authorization experience across covered items, services, and therapies. HIA agrees that leveraging the existing standards-based framework established through prior CMS interoperability efforts can facilitate more efficient information exchange, support electronic documentation submission, and improve the timeliness of coverage determinations.

Accordingly, HIA supports CMS's proposal to incorporate drugs covered under the medical benefit into the existing Prior Authorization API framework. HIA also supports CMS's proposal to extend electronic prior authorization requirements for drugs covered under the pharmacy benefit across additional federal healthcare programs.

A consistent approach to pharmacy-benefit prior authorization can help reduce administrative burden on providers, simplify implementation for health IT developers and plans, and improve the efficiency of prescribing workflows. Greater alignment across programs can also reduce variability in how prior authorization requests are initiated and processed, helping clinicians navigate coverage requirements more effectively.

Recognizing Electronic Prior Authorization Standards

HIA agrees with CMS's approach of building upon standards and implementation approaches that have already achieved meaningful adoption within the healthcare ecosystem. Leveraging existing investments can reduce implementation complexity while accelerating the benefits of electronic prior authorization for patients and providers.

We agree that naming two sets of standards to be used, one (FHIR Da Vinci) for drugs paid for under the medical benefit and one (NCPDP SCRIPT, F&B, and RTPB) for drugs paid for under the prescription benefit both establishes continuity with previous federal law and regulations (eg. 2024 Interoperability and Prior Authorization final rule and rules implementing ePA for drugs in Medicare Part D and MA-PDs) and is congruent with the intent, capabilities, and adoption of both sets.

The Alliance also commends CMS's proposal to require not only NCPDP SCRIPT but also the F&B and RTPB standards. These two standards work upstream of the prior authorization transaction itself, enabling prescribers to make better-informed therapy choices before a PA request is ever initiated. A significant share of prior authorization requests result from prescribers having no real-time visibility into payer coverage rules at the time of prescribing.

Implementation Considerations

HIA appreciates CMS's recognition that successful implementation requires balancing urgency with operational readiness.

We support timely implementation of these policies, understanding that adequate lead time, clear implementation guidance, and coordination with industry stakeholders will be important to achieving the full benefits of electronic prior authorization while minimizing disruption.

CMS should continue to promote consistent implementation approaches, reduce unnecessary complexity wherever possible, and support adoption across organizations of varying size and technical capability.

Response to CMS Request for Information: Cybersecurity and Trust Frameworks

HIA appreciates CMS's recognition that interoperability and cybersecurity must advance together. As healthcare increasingly relies on digital infrastructure and API-enabled information exchange, maintaining the security, integrity, and availability of health information systems is essential.

HIA encourages CMS to continue coordinating closely with the Office of the National Coordinator for Health Information Technology (ONC), the HHS Office for Civil Rights (OCR), and other federal partners to promote consistent and complementary cybersecurity expectations across federal programs.

HIA supports risk-based cybersecurity approaches that preserve secure exchange of health information while avoiding unnecessary barriers to interoperability and innovation. CMS should continue to leverage widely adopted industry standards, frameworks, and best practices, while minimizing duplicative compliance and reporting requirements whenever possible.

As interoperability requirements continue to evolve, alignment across federal agencies will help reduce complexity for healthcare organizations and technology developers while strengthening the security of health information exchange.

Conclusion

HIA appreciates CMS's commitment to advancing interoperability, reducing administrative burden, and improving patient access to care through standards-based electronic prior authorization processes.

We support CMS's efforts to modernize prior authorization through approaches that improve transparency, integrate into existing clinical workflows, and build upon established interoperability standards and industry investments. We believe these proposals represent an important step toward a more efficient, patient-centered healthcare system and encourage CMS to finalize these provisions.

We appreciate the opportunity to provide comments and look forward to continued engagement with CMS on these important issues.

Sincerely,



Roslyn Docktor
Executive Director
Health Innovation Alliance