



June 15, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
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 [CMS-0062-P]

Dear Administrator Oz,

The Movement Disorders Policy Coalition (MDPC) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services’ (CMS) proposed rule regarding interoperability standards and prior authorization, as well as the included request for information on Step Therapy. Our shared goals include modernizing and reforming protocols around utilization management tools like step therapy and prior authorization to curb abuse, overuse, and mismanagement and ensure patients receive access to the medications, therapies, and treatments they need.

[MDPC](#) serves as a platform from which stakeholders, including health care providers and patients, can provide input on policy decisions impacting patient-centered care for those living with movement disorders. As a coalition of stakeholder groups across the movement disorders space, MDPC advocates at the federal, state, and health plan levels for key health reforms that increase access to personalized care for patients with movement disorders including Parkinson’s disease, essential tremor, tardive dyskinesia, Tourette Syndrome, dystonia, ataxia, and Huntington’s disease.

People living with movement disorders experience significant challenges in everyday life and use diverse treatment regimens to manage their complex conditions. Timely access to effective therapy is paramount to ensuring these patients can successfully manage their disease and have quality of life. For these patients, the consequences of delayed or denied access to medication and diagnostic testing can be swift and severe. In conditions like Parkinson’s, Huntington’s, and dystonia, treatment delays and interruptions can lead to increased symptom severity and lesser quality of life. Treatment reliability can be the difference between a patient who can dress, eat, and move independently and one who cannot.

Electronic Prior Authorization for Drugs Covered Under the Medical Benefit

Many high-cost movement disorder treatments are administered in the clinical setting and are billed under the medical benefit rather than through the pharmacy benefit. When these drugs require prior authorization, the process is often manual: phone calls, faxes, paper forms, and finally – appeals that require a peer to peer discussion. For many patients, prior authorization can be one of the most consequential forms of utilization management, restricting and delaying access to needed treatment. MDPC applauds CMS for working to leverage technological innovation as a tool for streamlining

systems, but, consequentially, notes that the streamlining and digitization of these systems is not the end-goal.

Ultimately, the goal of this work must be to ensure that Medicare beneficiaries, like movement disorder patients who often struggle to access care, have an easier time getting their treatments and a more transparent view of their insurance coverage and processes.

When payers are required to support electronic prior authorization, clinician offices and insurance plans can communicate and handle prior authorizations digitally, helping to alleviate administrative burden, save time, and create a more navigable process. Patients with movement disorders often face wait times to see a neurologist frequently reaching several months.¹ Streamlining electronic prior authorization for drugs covered under the medical benefit would allow specialists to spend less time navigating administrative processes and more time focused on patient care, while ensuring that treatment can begin as quickly as possible once a clinical decision has been made.

MDPC supports the proposed prior authorization decision timeframes and public reporting requirements, which represent meaningful steps toward greater accountability and transparency in the prior authorization process. As CMS moves to finalize this rule, the Agency must design the electronic prior authorization framework to account for the full range of clinical circumstances faced by movement disorder patients. To do so, MDPC encourages CMS to:

1. Create expedited review pathways that explicitly apply to drugs covered under the medical benefit. The proposed standards must support immediate or same-day decision-making when the clinical situation demands it.
2. Ensure patients who are already established on therapy do not face disruption or re-authorization burdens when transitioning between health insurance plans or coverage periods.
3. Establish the framework so that it accommodates clinically justified off-label drug use, which is common in movement disorders, especially rare movement disorders with fewer on-label treatment options. The proposed standards must be flexible enough to capture appropriate off-label use.
4. Clarify that the framework extends to the full care team, as many movement disorder patients have physical or cognitive limitations that require caregivers and multiple providers to coordinate on their behalf.

Request for Information: Step Therapy

Step therapy is a utilization management tool used by health insurance plans to direct access to medication and contain health care insurer costs. Often called “fail first,” step therapy protocols require a patient to try and fail one or more insurer-preferred medications, often lower cost to the insurer, before the patient can access the medication prescribed by their clinician. According to a 2022 survey conducted by the Alliance for Patient Access, 98% of physicians identify step therapy as a significant barrier.² Onerous or lengthy step therapy protocols interfere with the clinician-patient

¹ Lin CC, et al. “Wait Time to See a Neurologist After Referral Among Medicare Participants.” *Neurology*. 2025 Feb 11;104(3):e210217. <https://pubmed.ncbi.nlm.nih.gov/39804477/>

² Alliance for Patient Access. Physician Burnout & Utilization Management Survey https://allianceforpatientaccess.org/wp-content/uploads/2024/11/AfPA_Physician-Burnout-Utilization-Management_Tri-fold_DIGITAL_November-2024.pdf Movement

relationship, delaying access to appropriate care, and in turn leading to increased burden on both patients and their clinicians.

CMS should use this rulemaking process to strengthen guardrails around step therapy in Medicare Advantage, with particular attention to the following three areas:

1. Transparency is essential. Patients and clinicians are often unaware of a plan's step therapy requirements until a prescription is denied. CMS should require Medicare Advantage plans to make step therapy protocols publicly available in plain language during open enrollment, the only period where beneficiaries have choices and plans are incentivized to be competitive.
2. Review processes must be timely, with prompt response-times when a clinician determines that a step therapy protocol is inappropriate for their patient. In circumstances where coverage is denied, appeal processes must be accessible and include dedicated pathways for emergency review.
3. Third, CMS should explore how data sharing can be used to recognize prior treatment failures that happened when a beneficiary was covered under a previous plan, eliminating the need for patients to fail again and again on therapies they have already tried.

We urge CMS to ensure that any future step therapy policy prioritizes the clinical judgment of treating clinicians and protects patients with complex, progressive conditions from protocols that were not designed with their needs in mind.

Conclusion

The course of care prescribed by clinicians and other health care practitioners is the foundation of patient-centric care. When health care plans interfere with that process and limit the course of treatment, it jeopardizes the patient's overall health. MDPC supports CMS' efforts to modernize prior authorization and step therapy protocols, and we urge the Agency to build these systems with patients top of mind. MDPC is committed to continuing to work with you on behalf of patients with movement disorders.

On behalf of the Movement Disorders Policy Coalition and our membership, thank you for your leadership on this important issue. If we can provide further details or answer any questions, please reach out to Payton Marvin at pmarvin@allianceforpatientaccess.org.

Sincerely,
Movement Disorders Policy Coalition

Co-Signing Organizations:
Aimed Alliance
American Brain Coalition
American Parkinson Disease Association
Caregiver Action Network
Center for Patient Advocacy Leaders
Clinical Neurological Society of America
Davis Phinney Foundation for Parkinson's
HD Reach

Huntington's Disease Youth Organization
National Alliance on Mental Illness
National Organization for Tardive Dyskinesia
Parkinson Association of Northern California
Parkinson's Foundation
Parkinson & Movement Disorder Alliance
The STARR Coalition
Tourette Association of America