



800 Maine Avenue, S.W.  
Suite 900  
Washington, D.C. 20024

June 15, 2026

**Board of Trustees  
2026-2027**

Mark Rapaport, M.D.  
President

Rahn Bailey, M.D.  
President-Elect

Gabrielle L. Shapiro, M.D.  
Secretary

Gia Merlo, M.D., M.B.A., M.Ed.  
Treasurer

Theresa M. Miskamen Rivera, M.D.  
Ramaswamy Viswanathan, M.D.,  
Dr.Med.Sc.

Petros Levounis, M.D., M.A.  
Past Presidents

Vincenzo Di Nicola, M.Phil., M.D., Ph.D.  
Justice-at-Large

John C. Bradley, M.D.  
Area 1 Distee

David Roame, M.D.  
Area 2 Distee

Kenneth Certa, M.D.  
Area 3 Distee

Dionne Hart, M.D.  
Area 4 Distee

Heather Hauck, M.D.  
Area 5 Distee

Lawrence Malak, M.D.  
Area 6 Distee

Mary Hasbani Riessel, M.D.  
Area 7 Distee

Sudhakar K. Shenoy, M.D.  
EOP Distee

Kamalka Roy, M.D., M.C.R.  
CEA Distee

Tariq Saleem, M.D.  
RPM Distee

Karthik V. Sarma, M.D., Ph.D.  
RPM Justice-Elect

**Assembly  
2026-2027**

Ray C. Hsiao, M.D.  
Speaker

James Polo, M.D., M.B.A.  
Speaker-Elect

Amish Dube, M.D., M.P.H.  
Recorder

**Administration**

Marketa M. Willis, M.D., M.B.A.  
CEO and Medical Director

Center for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-0062-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

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 American Psychiatric Association (APA), the national medical specialty society representing over 40,000 psychiatric physicians and their patients, appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule, *Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability Standards for Prior Authorization for Drugs* (CMS-0062-P). APA commends CMS for its continued commitment to advancing interoperability, improving transparency, and streamlining prior authorization processes across Medicare, Medicaid, and Marketplace plans. In particular, APA supports CMS's efforts to expand electronic prior authorization requirements for prescription drugs, align standards across payers, and require more timely decision-making and public reporting of plans' prior authorization metrics—policies that have the potential to reduce administrative burden and improve patient access to medically necessary care.

**Interoperability Standards for APIs**

APA supports CMS's efforts to advance interoperability through standardized, FHIR-based APIs and electronic prior authorization workflows. The success of these policies will depend on strong enforcement of uniform standards across payers and alignment of technical implementation with clinical workflows.

Consistency in policy enforcement will help in the implementation of the technical standards, but there are still significant operational implications. Many

psychiatric practices lack the infrastructure, staffing, and electronic health records (EHR) capabilities necessary to support real-time API integration, structured data exchange, and compliance with multiple standards (e.g., FHIR and NCPDP). The requirement to manage multiple API connections, adapt clinical documentation to structured formats, and navigate dual workflows for pharmacy benefit managers (typically dispensed through retail pharmacies) versus medical benefit drugs (administered in clinical setting) introduces complexity that may disrupt existing care delivery, particularly in small or solo practices.

In addition, psychiatric care often relies on nuanced, narrative clinical information and involves heightened privacy considerations, including compliance with 42 CFR Part 2. Systems that do not adequately account for these factors risk creating workflow inefficiencies, data inaccuracies, and potential privacy concerns. **APA urges CMS to safeguard access to care by ensuring that implementation is accompanied by robust technical assistance, flexible workflows that accommodate behavioral health practice, and targeted financial support to mitigate the disproportionate burden on psychiatric clinicians.**

**APA also recommends that CMS adopt a phased, stepped approach to achieving structured data exchange for electronic prior authorization, particularly in behavioral health settings.** Many psychiatric practices currently rely on narrative documentation and have limited capacity to immediately transition to fully structured, API-ready data formats. An initial phase could prioritize basic electronic submission capabilities, such as use of standardized templates or semi-structured fields, while allowing continued use of narrative documentation where clinically appropriate. Subsequent phases could support gradual adoption of structured data through targeted incentives, technical assistance, and improvements in EHR functionality, including tools that assist clinicians in extracting key data elements from narrative notes.

### **Improving Communications and Decision Timeframes for Prior Authorization**

APA applauds CMS's proposals to shorten prior authorization decision timeframes for prescription drugs and to require plans, including Medicare Advantage organizations, state Medicaid and CHIP FFS programs, Medicaid managed care plans, CHIP managed care entities, and QHPs on FFEs, to respond within 7 days for standard requests and 72 hours for expedited requests. Delays in getting medications can have significant consequences, especially for people with serious mental health conditions, leading to worsening symptoms, avoidable hospitalizations, and interruptions in care. Bringing more consistency to these timelines across programs is an important step toward helping patients get the treatment they need when they need it.

**APA urges CMS to go further by shortening the maximum timeframes to 48 hours for non-urgent requests and 24 hours for urgent requests.** In practice, even short delays in starting or continuing medication can make a meaningful difference for patients.

**APA also strongly supports the proposal to require payers to provide specific reasons when they deny prior authorization requests for prescription drugs.** Too often, clinicians receive little

or unclear information, which leads to back-and-forth, repeated submissions, and delays for patients. Clear explanations will make the process more transparent and help clinicians respond more efficiently, ultimately allowing clinicians to spend more time caring for patients.

**APA further supports requiring public reporting of plan prior authorization metrics, including both percentages and raw numbers.** Greater transparency will help hold plans accountable, highlight patterns in denials and delays, and give patients and purchasers more useful information when choosing coverage. It may also encourage improvements in how prior authorization is used. Finally, while these are important steps forward, **APA urges CMS to continue reducing the overall burden of prior authorization. Requiring plans to rely on evidence-based clinical guidelines developed by professional medical societies would make the process more consistent and reduce unnecessary denials.** Prior authorization should be used selectively—not as a routine barrier that delays treatment and adds complexity for patients and clinicians.

#### **Reporting Payer API Endpoints and Associated Information for CMS To Publish**

APA recognizes that requiring payers to report API endpoints and associated information for CMS publication may improve transparency and facilitate system-to-system connectivity. However, the benefits of this approach will depend on consistent implementation across payers and effective integration by EHR vendors. Without such alignment, psychiatrists may continue to experience fragmented workflows and limited usability despite increased technical transparency. **APA encourages CMS to ensure that this provision results in meaningful improvements to clinical workflows, particularly for behavioral health clinicians, by promoting standardization and supporting vendor adoption.**

Thank you for the opportunity to provide, and for your consideration of these comments. Please contact Becky Yowell ([qualityandpayment@psych.org](mailto:qualityandpayment@psych.org)) with any questions or for more information.

Sincerely,



MD, MBA, FAPA

Marketa Wills, MD, MBA, FAPA  
CEO and Medical Director  
American Psychiatric Association