

RetireSafe

Standing up for America's Seniors!

July 8, 2025

Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Re: Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation To Make America Healthy Again

Dear Secretary Kennedy,

Thank you for this opportunity to comment on ways the Department of Health and Human Services can unleash Make America Healthy Again. On behalf of my organization, which advocates for seniors, including Medicare beneficiaries, I urge you to consider the impacts of several prohibitive policies and programs that stand between older Americans and their much-needed care. Cumbersome reimbursement procedures that can cause hospitals to turn away beneficiaries, the coverage with evidence development (CED) program, and prior authorizations are all burdensome policies that the Centers for Medicare and Medicaid Services (CMS) should do away with to improve senior healthcare.

Americans work and pay all their lives so that they can receive Medicare benefits when the time comes. It is highly discouraging and disheartening to find that, despite being a part of a program that is supposed to make treatment and medications accessible and affordable, there are barriers that make care difficult to receive. Aging not only increases the risk of chronic diseases like arthritis, dementia, and cancer but also places patients at higher risk for complications or severe illness from infections like the flu. All of this requires increased care and a greater need for access to treatments and therapies to both protect seniors from illness and extend their lifespan. Unfortunately, several challenges make access to this care difficult for seniors who rely on government health plans to receive coverage.

Unfortunately, many Medicare beneficiaries face the challenge of healthcare providers denying care due to reimbursement issues. Sometimes, physicians and hospitals are forced to turn seniors away for fear that Medicare Advantage reimbursement delays or denials will inhibit the receipt of proper payment. CMS should streamline the reimbursement process and halt practices that negatively impact senior care.

Moreover, the CED program, when applied or when imposed on a service, significantly disrupts seniors' access to treatment. CED requires Medicare beneficiaries to be enrolled in limited-access studies or registries in order to receive coverage for certain specialized care. This restricts or delays their access to treatments that have already been approved by the FDA, creating an unnecessary and burdensome roadblock that serves as nothing more than one more barrier between patients and their care.

Many seniors are unable to enroll in these trials due to site unavailability or because they are at select hospitals, which are largely not in rural or underserved areas. Effectively denying patients coverage based on geographic constraints is fundamentally unfair—and not what our nation stands for. CMS should do away with this unfair program altogether to ensure that no senior is left behind due to a government-imposed barrier.

Prior authorization is yet another program that restricts patient access. Many health plans, specifically Medicare Advantage plans, require advanced approval of a treatment or medication before they will cover it. This essentially gives the provider, not the doctor, the ability to choose what care a senior can receive, and as you'd imagine, they'd prefer to cut down costs than cover an expensive, but medically necessary treatment. This policy disproportionately impacts seniors living with a chronic condition or fighting a serious disease.

Access to the treatment plans they need is vital for senior health. Example: Meet Irma Hill (82 years old), she has many medical issues and has been on Medicare for almost 20 years. Her problems began when some of her providers stopped taking Medicare patients, and she had to seek new providers. For some of her conditions, the providers were instructed to start over with step therapy. A more recent incident occurred when she was sent for diagnostic testing and X-rays. When Ms. Hill arrived at the clinic, she was turned away because no prior authorization had been approved. This set back a proper diagnosis and led to a severe Urinary Tract Infection, which could have been caught and treated earlier.

Our policymakers should do everything they can to ensure Medicare beneficiaries can access the treatments they require. The above policies do the exact opposite by restricting care from the patients most in need. This ultimately erodes efforts to 'Make America Healthy Again.'

Thank you again for the opportunity to provide comments on this vital issue. If you wish to discuss any of the above further, I'd love to have a meeting or provide input.

Sincerely,

Mark Gibbons
President/CEO
RetireSafe