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, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges (CMS-4201-P)

On behalf of the National Alliance for Caregiving (NAC), we appreciate the opportunity to comment on this proposed rule. NAC is a nonprofit coalition dedicated to conducting research, developing national programs, and advocating for policies that support family caregivers. Our flagship research series, Caregiving in the U.S., produced in partnership with AARP and first conducted in 1997, is widely regarded as the most authoritative ongoing data resource on family caregiving in America. The most recent edition, released in July 2025, found that 63 million Americans, nearly 1 in 4 adults, are providing ongoing care for an older adult, someone with a serious illness, or a person with a disability, an increase of 20 million since 2015. NAC also conducts focused research on caregivers in specific contexts, including those supporting individuals with cancer, Alzheimer's disease, and other serious conditions, as well as research on the health, financial, and workplace impacts of caregiving.

Family caregivers are central to the health care system, yet they remain largely invisible to it. They coordinate medications and treatments, communicate with providers across settings, manage symptoms at home, and serve as the primary buffer between patients and a fragmented system. AARP's Valuing the Invaluable 2026, released in March 2026, estimates that family caregivers of adults provided 49.5 billion hours of unpaid care in 2024, with a total economic value of $1.01 trillion, an amount that exceeded total Medicaid spending that year. This contribution is indispensable to the long-term care system, and it depends on caregivers being able to sustain their role. Prior authorization (PA) processes for drugs impose a disproportionate burden on these caregivers, who too often become the de facto appeals coordinators, documentation gatherers, and crisis managers when a treatment is delayed or denied. The policies in this proposed rule have direct consequences for caregiver burden, caregiver health, and the ability of families to sustain care at home.

NAC offers the following comments from a family caregiver perspective:

Decision Timeframes for Drug Prior Authorization

1730 Rhode Island Ave. NW,
Suite 812
Washington, D.C. 20036

TEL 202-918-1013
EMAIL info@caregiving.org

NAC supports establishing shorter and more aligned PA decision timeframes. When authorization for a medication is delayed, the burden rarely falls on the patient alone. A spouse, adult child, or other family member must often step in to manage escalating symptoms at home while fielding calls with plans and pharmacies, sometimes while balancing work and other caregiving responsibilities. Predictable and expedited timelines reduce the period of uncertainty that falls hardest on family caregivers, particularly those caring for someone whose condition can deteriorate rapidly.

NAC also encourages CMS to consider how prior authorization decisions are communicated after an approval is issued. While the proposed rule appropriately shortens decision-making timeframes between plans and providers, timely access to medications depends on patients and caregivers being notified promptly and prescriptions being acted upon without unnecessary delay. We encourage CMS to explore whether a corresponding timeframe for provider notification to patients and caregivers, or for transmitting approved prescriptions to the dispensing pharmacy, could help ensure that the benefits of expedited prior authorization decisions are fully realized. Without such safeguards, families may continue to experience treatment delays even after an authorization has been approved, undermining the rule's goal of improving timely access to care.

Electronic Prior Authorization (ePA) for Drugs

NAC supports extending electronic PA requirements to drugs. Family caregivers consistently describe the current PA system as one of their greatest sources of frustration and exhaustion. Phone-based and paper-based authorization processes consume hours that caregivers cannot afford, create gaps in treatment that caregivers must manage at home, and contribute to the emotional toll of caregiving. Streamlined electronic workflows that give clinicians real-time, accurate PA information at the point of prescribing can reduce the number of times a caregiver learns, after a difficult trip to the pharmacy, that a treatment cannot proceed.

Specific Denial Reasons and PA Data in Access APIs

NAC strongly supports requiring specific denial reasons and detailed PA data to flow through patient, provider, and payer-to-payer APIs. Vague denials are particularly harmful to family caregivers, who often become the de facto navigators of a system that is not designed to communicate clearly with them. When a denial notice arrives without a clear explanation, caregivers may spend days deciphering payer reasoning, contacting provider offices, and attempting to initiate appeals, frequently without adequate information or support. Clear denial rationales and accessible authorization data can reduce the time families spend managing bureaucratic friction and refocus that time on the person receiving care.

API Usage Metrics and CMS Reporting

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NAC supports requiring impacted payers to report API endpoints and annual usage metrics to CMS. Nominal compliance with interoperability requirements will not improve the caregiver experience unless the technology is being used in ways that meaningfully reduce treatment delays. Oversight of real-world API use will help CMS identify where plans continue to impose harmful friction on patients and their families, and will support accountability to the populations these programs are designed to serve.

Scope of Impacted Payers

NAC supports applying these protections across Medicare Advantage, Medicaid, CHIP, and Qualified Health Plans. Family caregivers and the people they support do not self-select into a single coverage category, and coverage transitions are common over the course of a serious or chronic illness. Radically different PA barriers across programs add complexity to an already demanding caregiving role and can disrupt treatment continuity at the moments of greatest vulnerability. Cross-program consistency is essential.

Standardized FHIR-Based Transactions

NAC supports the proposed sections adopting standardized FHIR-based approaches for PA-related transactions. Administrative fragmentation in the current system places caregivers in the position of bridging disconnected systems on behalf of their family members, a role that generates significant stress and, in many cases, results in worse health outcomes. A more consistent national framework for PA transactions will reduce the coordination burden that falls on families and help ensure that caregivers spend more time focused on care and less time navigating bureaucracy.

Thank you for the opportunity to comment on this proposed rule. If you have questions, please contact [NAC contact name and information].

Sincerely,

[Name]
National Alliance for Caregiving

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