


# How?



 **Your state senator** **1**

**2**  U.S. Senate (.gov)  
https://www.senate.gov/states/intro  
**States in the Senate | Massachusetts**  
The state's longest-serving senators include George Hoar (1883-1924), Henry Cabot Lodge, Sr. (1893-1924), and Edward Kennedy (1962-2009). Among those who rose ...

 **click on "contact"** **3**

**4**  **click on "contact" then "share your opinion"** 

 **copy the template & send** **5**

**6** **YOU DID IT!** 

Dear (Fill in the name of your senator or Congressman/woman),

My name is ( fill in your name) I am writing today to ask for your support for people with ALS.

ALS is 100% fatal. The life expectancy of ALS is 2-5 years. What is shocking is that this is the same prognosis Lou Gehrig received over 80 years ago. 80 years and the disease continues to be 100% fatal with the same life expectancy.

However here's the good news, there are now 3 FDA-approved drugs that can increase life expectancy by 3-6 months. It's not much but for people living with ALS, it might get them to another Christmas, a wedding, the birth of a grandchild.

Private medical insurance often denies coverage of these drugs. They require doctors to provide prior authorization and steal valuable time from patients and administrative tasks take critical time from doctors. It often takes weeks or months to file the paperwork to go through the appeals process.

On January 17, 2024, the Centers for Medicare and Medicaid Services (CMS) issued a final rule that cracks down on the use of prior authorization by health insurance companies to delay approving necessary medical care. The new rule requires Medicare Advantage (MA) plans to respond to a doctor's urgent prior authorization request within 72 hours and standard request within seven (7) days starting in 2026. The plan must also provide specific reasons for denials which will also help improve claim submission and appeal timeframes.

I am asking for equitable treatment for people with private medical insurance. Please consider adding a rider to the Act For ALS that requires the same treatment by private insurance. As you know, as goes Medicare often private insurance follows. However, people with ALS do not have time to wait. Please act now. Please support the equitable treatment of ALS patients with private insurance.

Thank you,

(your name, address)

# Long-Awaited Win on Prior Authorization Finally a Reality for People Living with ALS

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 [als.org/stories-news/long-awaited-win-prior-authorization-finally-reality-people-living-als](https://als.org/stories-news/long-awaited-win-prior-authorization-finally-reality-people-living-als)

*The Centers for Medicare and Medicaid Services final rule prevents health insurers from using delay tactics to deny care.*

**WASHINGTON, D.C. (January 17, 2024)** – Today, the Centers for Medicare and Medicaid Services (CMS) issued a final rule that cracks down on the use of prior authorization by health insurance companies to delay approving necessary medical care. The new rule requires Medicare Advantage (MA) plans to respond to a doctor’s urgent prior authorization request within 72 hours and standard request within seven (7) days starting in 2026. The plan must also provide specific reasons for denials which will also help improve claim resubmission and appeal timeframes.

The ALS Association has been collaborating closely with officials in the Administration and at CMS on this rule and played a leading role in helping to craft this regulation.

MA plans’ overuse of prior authorization has led to substantial administrative burdens for people living with ALS and their providers and caused significant delays in necessary care such as access to complex medical equipment and supportive services that make ALS a more livable disease.

“The ALS Association is grateful to everyone at CMS who worked tirelessly on these reforms,” said Melanie Lendnal, Senior Vice President of Policy and Advocacy at The ALS Association. “People living with ALS need and deserve prompt access to medically necessary services and equipment such as complex wheelchairs, ventilators, and speech generating devices. It is unacceptable for a person living with ALS to suffer needlessly while their physician appeals rejected claims to health insurers.”

Under the new rule, insurers will also be required to publicly report prior authorization metrics and utilize an electronic prior authorization process to foster a more efficient health care system.

CMS believes these policies will improve prior authorization processes and reduce burden on patients, providers, and payers, resulting in approximately \$15 billion of estimated savings over ten years.

The final rule is available to review here: <https://www.cms.gov/files/document/cms-0057-f.pdf> - PDF.

The fact sheet for this final rule is available here: <https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f>.

## ABOUT ALS

Amyotrophic lateral sclerosis (ALS) is a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord. Over the course of the disease, people lose the ability to move, to speak, and eventually, to breathe. On average, it takes about a year before a final ALS diagnosis is made. The disease is always fatal, usually within five years of diagnosis. There is no cure.

## ABOUT THE ALS ASSOCIATION

The ALS Association is the largest philanthropic funder of ALS research in the world. The ALS Association funds global research collaborations, assists people with ALS and their families through its nationwide network of care and certified clinical care centers, and advocates for better public policies for people with ALS. The ALS Association is working to make ALS a livable disease while urgently searching for new treatments and a cure. For more information about the ALS Association, visit our website at [www.als.org](http://www.als.org).

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