



Ways and Means Committee
U.S. House of Representatives
1129 Longworth House Office Building
Washington D.C. 20515

Health Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Re: Pass the *Improving Seniors' Timely Access to Care Act (HR 3514)* into Law

To the Honorable Members of the Ways and Means Committee and Energy and Commerce Health Subcommittee:

The American Medical Informatics Association (AMIA) appreciates the opportunity to submit statement in advance of the health insurance CEO hearings.

AMIA is the professional home for more than 6,000 informatics professionals, representing frontline clinicians, researchers, and public health experts who bring meaning to data, manage information, and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluation.

It is AMIA's position that prior authorization (PA) must be eliminated to improve patient access to necessary medical care, maintain the healthcare workforce, and reduce the required onerous documentation associated with PA. PA, the onerous process used by health insurance companies, including Medicare Advantage (MA) plans, requires clinicians to obtain approval before providing medically necessary care to patients for covered services and is a major source of burden for patients in need of care, clinicians, and health systems.

Until prior authorization can be eliminated effectively, **AMIA urges Congress to pass the *Improving Seniors' Timely Access to Care Act*¹.**

In short, the *Seniors' Act* would:

- Establish an electronic PA process for MA plans, including a standardization for transactions and clinical attachments.
- Increase transparency around MA PA requirements and their use.
- Provide a pathway for CMS to institute real-time decisions for routinely approved items and services in the future and clarify CMS' authority to establish timeframes for PA requests, including expedited determinations, real-time decisions for routinely approved items and services and any other PA request.

¹ *Improving Seniors' Timely Access to Care Act of 2025*. (H.R. 3514). 119th Congress.
<https://www.congress.gov/bill/119th-congress/house-bill/3514/text>.



- Expand beneficiary protections to improve enrollee experiences and outcomes.
- Require the U.S. Department of Health and Human Services and other agencies to report to Congress on program integrity efforts and other ways to improve the PA process.

Passing the *Seniors' Act* will enhance and codify into law the Centers for Medicare & Medicaid Services (CMS) January 2024 Advancing Interoperability and Improving Prior Authorization Processes final [rule](#) (CMS-0057-F). This rule requires plans to implement electronic PA by 2027, implement HL7 FHIR APIs, provide specific reasons for request denials, and publicly report certain metrics annually.²

A physician survey conducted by the Regulatory Relief Coalition found that:³

- 82% of physician respondents state that PA always (37%) or often (45%) delays patient access to necessary care;
- Wait times can be lengthy: For most physicians (74%), it takes between 2 to 14 days to obtain PA, and for 15%, this process can take 15 to more than 31 days;
- 32% of respondents report that patients often abandon treatment and 50% report that patients sometimes abandon treatment;
- Overwhelmingly (87%), physicians report that PA has a significant (40%) or somewhat (47%) negative impact on patient clinical outcomes;
- The burden associated with PA for physicians and their staff is high or extremely high (92%); and
- Ultimately, most services are approved, with one-third of physicians getting approved 90% or more of the time.

The Medical Group Management Association found that:⁴

- 89% of medical practices find PA “very or extremely burdensome.”
- 92% of medical practices “hired or redistributed staff to work on PA due to the increase in requests.”
- 83% of practices said a top challenge is PA for routinely approved items and services.
- 97% of medical practices reported that patients “experienced delays or denials for medically necessary care due to prior authorization requirements.”

² Medicare and Medicaid Programs Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, 89 Fed. Reg. 8758 (Feb 8, 2024).

<https://www.federalregister.gov/documents/2024/02/08/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability>

³ Opposition to Implementation of the WISer Model in Medicare Fee-for-Service. Regulatory Relief Coalition. August 12, 2025. <https://www.mgma.com/getkaiasset/78d01508-2413-478c-9c8b-59b6f692675c/FinalRRC%20CommentsonWISerDemonstration%2008122025.PDF>

⁴ Annual Regulatory Burden Report. Medical Group Management Association (MGMA). November 2023. <https://www.mgma.com/getkaiasset/423e0368-b834-467c-a6c3-53f4d759a490/2023%20MGMA%20Regulatory%20Burden%20Report%20FINAL.pdf>



These findings are a staggering illustration of burden, inefficiency, and barriers to care. Additionally, a report released in 2024 found that over 80% of PA appeals in 2022 resulted in overturning initial denials and that this was a trend that continued from 2019 and 2021,⁵ yet again demonstrating that PA withholds medically necessary care.

Thank you for attention to these issues. For more information, please reach out to AMIA's Senior Vice President of Policy, Reva Singh, at rsingh@amia.org.

Sincerely,

A handwritten signature in black ink that reads 'Reva Singh' in a cursive, flowing script.

Reva Singh, JD
Senior Vice President of Policy
AMIA

⁵ *Medicare Advantage Plans Denied a Larger Share of Prior Authorization Requests in 2022 than in Prior Years.* Kaiser Family Foundation. August 8, 2024. [https://www.kff.org/medicare/press-release/medicare-advantage-plans-denied-a-larger-share-of-prior-authorization-requests-in-2022-than-in-prior-years/#:~:text=Just%20one%20in%2010%20\(9.9,that%20were%20overturned%20upon%20appeal](https://www.kff.org/medicare/press-release/medicare-advantage-plans-denied-a-larger-share-of-prior-authorization-requests-in-2022-than-in-prior-years/#:~:text=Just%20one%20in%2010%20(9.9,that%20were%20overturned%20upon%20appeal).