June 10, 2025

The Honorable Chiquita Brooks-LaSure Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Unleashing Prosperity Through Deregulation of the Medicare Program Request for Information

Dear Administrator Brooks-LaSure:

The American Medical Informatics Association (AMIA) appreciates the opportunity to respond to the Centers for Medicare & Medicaid Services' Request for Information regarding deregulation of the Medicare program in accordance with Executive Order 14192, "Unleashing Prosperity Through Deregulation."

As the professional home for more than 5,500 informatics professionals representing frontline clinicians, researchers, public health experts, and educators, AMIA brings a unique perspective on the administrative burdens facing healthcare providers. Our 25x5 Task Force works specifically to reduce U.S. health professionals' documentation burden to 25% by the end of 2026, with the vision of a healthcare workforce free of unnecessary documentation burden and focused on patient care and improved patient outcomes.

Our Primary Recommendation: Prior Authorization Reform

AMIA strongly recommends that CMS prioritize the elimination or significant streamlining of prior authorization (PA) requirements as a cornerstone of Medicare deregulation efforts. Prior authorization is a process used by Medicare Advantage plans requiring clinicians to obtain approval before providing care to patients for covered services. This process represents one of the most significant and costly administrative burdens facing Medicare providers today, creating substantial private expenditures for compliance while diverting critical resources away from patient care, contributing to provider burnout, and delaying access to necessary treatments for Medicare beneficiaries.

The severity of this burden is evidenced by multiple data sources. On average, 80% of Medicare Advantage denials are overturned upon appeal[1], demonstrating that the initial PA requests were medically necessary. Additionally, the Department of Health and Human Services Office of Inspector General found that 13% of prior authorization requests denied by Medicare Advantage plans actually met Medicare coverage rules[2], indicating inappropriate denials of medically necessary care. This statistic likely underrepresents the

true scope of inappropriate denials, as many providers and patients do not pursue appeals given the already onerous PA process. These high rates of inappropriate denials reveal a fundamental flaw in the current system that creates unnecessary administrative burden while failing to achieve its stated goals of cost containment and appropriate utilization.

The clinical consequences of prior authorization extend far beyond administrative inconvenience. American Medical Association survey data shows that 93% of physicians report care delays or disruptions associated with prior authorization[3]. More alarmingly, 34% of physicians report that prior authorization has led to a serious adverse event such as hospitalization, permanent impairment, or even death for a patient in their care[3]. Furthermore, 91% of physicians see prior authorization as having a negative effect on their patients' clinical outcomes[3]. These statistics demonstrate that prior authorization is not merely an administrative burden but represents a significant patient safety concern that directly contradicts Medicare's mission to ensure access to quality healthcare for beneficiaries.

Beyond the clinical impact, the administrative burden of prior authorization is substantial and measurable. Physicians and their staff spend the equivalent of 2 or more days each week negotiating with insurance companies for prior authorization approvals[1], representing time that would be better spent providing direct patient care. This represents a significant cost to healthcare practices and diverts critical resources away from patient care activities.

How Eliminating or Streamlining Prior Authorization Would Help Medicare Providers

Based on our members' experiences and research, eliminating or significantly streamlining prior authorization would provide immediate and substantial benefits to Medicare providers. Providers currently spend approximately 40% of their administrative time on prior authorization processes, with physicians and their staff spending the equivalent of 2 or more days each week negotiating with insurance companies for prior authorization approvals[1]. Elimination would free up substantial clinical and administrative resources for direct patient care while reducing fragmentation between payer systems.

Elimination of PA would reduce substantial personnel costs associated with PA processing and eliminate the need to maintain multiple systems and interfaces to accommodate different payer requirements. This would improve cash flow by reducing accounts receivable aging caused by PA delays.

Most critically, elimination would prevent the serious adverse events that 34% of physicians report have occurred due to prior authorization delays, including hospitalizations, permanent impairments, and deaths[3]. The 2022 Medication Access

Report found that 21% of patients experienced medication delays over the past 12 months due to prior authorization[4]. Clinicians could focus on medical decision-making rather than administrative compliance, directly addressing the negative clinical outcomes that 91% of physicians attribute to current PA processes[3].

Elimination of PA requirements would significantly reduce administrative burden, a major contributor to provider burnout and early retirement, while making Medicare practice more attractive to healthcare professionals.

The Broader Context of PA System Failures

Current prior authorization processes create additional systemic problems that elimination would resolve. The OIG finding that 13% of denied PA requests actually met Medicare coverage rules[2] demonstrates systematic problems in the PA review process. When combined with the 80% appeal overturn rate[1], the current system routinely denies appropriate care, creating unnecessary administrative burden for appeals and patient advocacy. Providers struggle with payer-specific rules and systems, and universal elimination of PA requirements would remove this multi-system burden entirely.

Specific Administrative Processes Creating Significant Provider Burden

Based on our members' experiences, prior authorization creates burden through time-intensive documentation requirements for routine, evidence-based treatments that are approved 90-100% of the time, workflow disruption that interrupts clinical care delivery, technology inefficiencies including manual processes and redundant data entry, and dual system management where 75% of providers must use both traditional and electronic PA systems concurrently[5].

Critical Reform Requirements for Any Remaining PA Processes

Should CMS choose to streamline rather than eliminate PA entirely, any transition must include specific safeguards to ensure true burden reduction. Electronic PA systems must be optimized for electronic systems rather than merely transferring paper processes to digital format. Workflows must eliminate burden rather than shifting it between clinicians, insurance guideline transparency must be required, and documentation requirements must not increase. Clear descriptions of authorization failures must differentiate between system failures and payer denials, with timely human interaction options available when needed.

Alignment with Executive Order 14192 and Deregulation Goals

Prior authorization reform directly supports the Executive Order's objectives by reducing private compliance expenditures, promoting quality of life through improved patient access to timely care, and supporting economic prosperity by reducing healthcare administrative costs and improving provider efficiency.

Additional Recommendations

Beyond prior authorization, we encourage CMS to examine other documentation-heavy processes that could benefit from similar reform, including quality reporting requirements that duplicate existing clinical documentation and administrative processes that require multiple submissions of identical information across different Medicare programs.

As AI tools become more prevalent in healthcare administration, we recommend establishing clear guardrails for their use in Medicare programs. AI tools should never be used in isolation to deny care or override clinical decision-making, must maintain transparency through third-party auditing, should focus on reducing documentation burden rather than creating barriers to care, and must integrate with Electronic Health Records to streamline provider workflows. Data standardization should require alignment with existing interoperability standards such as USCDI to prevent duplicative data collection.

Conclusion

Prior authorization reform represents one of the most impactful opportunities available to CMS for reducing administrative burden on Medicare providers while improving patient care. Our recommendations provide a clear, evidence-based pathway from current burdensome PA processes toward a system that prioritizes patient care over administrative compliance. By eliminating or significantly streamlining prior authorization requirements, CMS can achieve meaningful deregulation that reduces costs, improves efficiency, and enhances the quality of care for Medicare beneficiaries. This reform aligns directly with the goals of Executive Order 14192 while maintaining the integrity and quality of the Medicare program.

AMIA stands ready to work with CMS and other stakeholders to implement these reforms. Our members' expertise in health informatics and clinical workflow optimization positions us to provide technical guidance and support throughout the implementation process. Thank you for your consideration of these recommendations. We look forward to continuing our partnership in creating a more efficient, patient-centered Medicare system.

Should you have any questions or require additional information, please contact Tayler Williams, AMIA Senior Manager, Public Policy, at twilliams@amia.org.

Sincerely,

Eileen Koski

Eileen Koski
Chair of the Public Policy Committee

References:

1. AMIA Comments to Centers for Medicare & Medicaid Services Request for Information regarding deregulation of the Medicare program, 2025.
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3. American Medical Association. "AMA prior authorization (PA) physician survey." Accessed February 27, 2023. Available at: https://www.ama-assn.org/practice-management/prior-authorization/ama-prior-authorization-pa-physician-survey
4. Delatore, M. "Common Prior Authorization Hurdles and How to Overcome Them." March 3, 2022. CoverMyMeds Insights. Available at: https://insights.covermymeds.com/healthcare-technology/prior-authorization/common-prior-authorization-hurdles-and-how-to-overcome-them
5. Lauffenberger J.C., Stults C.D., Mudiganti S., Yan X., Dean-Gilley L.M., He M., Tong A., and Fischer M.A. "Impact of implementing electronic prior authorization on medication filling in an electronic health record system in a large healthcare system." Journal of the American Medical Informatics Association, 28(10), 2021: 2233-2240.