AMA
AMERICAN MEDICAL ASSOCIATION

John Whyte, MD, MPH
CEO, EXECUTIVE VICE PRESIDENT

john.whyte@ama-assn.org

July 15, 2026

The Honorable Jason Smith
Chair
Committee on Ways and Means
U.S. House of Representatives
1139 Longworth House Office Building
Washington, DC 20515

The Honorable Richard E. Neal
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1129 Longworth House Office Building
Washington, DC 20515

Dear Chairman Smith and Ranking Member Neal:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in strong support of H.R. 3514, the "Improving Seniors' Timely Access to Care Act of 2026." This bipartisan legislation would streamline and standardize prior authorization requirements within the Medicare Advantage (MA) program, addressing one of the most persistent barriers to timely, medically necessary care for America's seniors.

Prior authorization continues to be a leading source of care delays and frustration for patients and physicians alike. It is a practice used by health plans to require pre-approval for coverage of items, services, and pharmaceuticals, often resulting in treatment delays, significant administrative burdens, denials of medically necessary care, and, ultimately, poorer patient health outcomes. In a 2025 AMA national survey, 95 percent of physicians cited care delays linked to prior authorization, 79 percent reported that it sometimes causes patients to abandon recommended treatment, and more than one in four physicians witnessed prior authorization leading to a serious adverse event for a patient, including hospitalization, disability, or death.[1] The consequences are particularly acute for patients with complex or life-threatening conditions, such as cancer. A recent survey of oncology professionals found that nearly all participants reported patients experiencing harm due to prior authorization delays, including disease progression (80 percent) and even loss of life (36 percent).[2]

These findings highlight the urgent need for congressional action to protect patients from bureaucratic barriers to care. Data from the federal government further confirms the negative impact of prior authorization processes within MA. More specifically, an April 2022 Department of Health and Human Services (HHS) Office of Inspector General Report concluded that 13 percent of prior authorization requests that were ultimately denied for MA patients would have been approved for these same beneficiaries had they been covered under traditional Medicare. The same study also found that 18 percent of payment requests that were denied by MA plans actually met standard Medicare coverage and billing rules.[3]

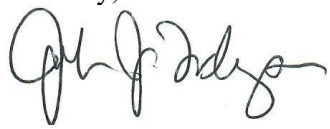
[1] 2025 AMA Prior Authorization Physician Survey
[2] 2022 ASCO Prior Authorization Survey Summary
[3] U.S. Office of Inspector General report, "Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care (April 2022)

The Improving Seniors' Timely Access to Care Act of 2026 provides numerous solutions to the multifaceted problem of prior authorization. It would require MA plans to implement an electronic prior authorization system that meets federal interoperability standards, building on the Centers for Medicare & Medicaid Services' (CMS) 2024 Interoperability and Prior Authorization Final Rule.[4] By replacing outdated faxes, proprietary portals, and inconsistent processes, the bill would simplify and accelerate prior authorization decisions by requiring a standard electronic process that integrates with physicians' electronic health records. It also promotes transparency by requiring MA plans to publicly report, as well as report directly to HHS, approval and denial data and disclosure of any use of artificial intelligence or algorithmic tools in coverage determinations. Further, it outlines a process for defining routinely approved care in hopes of ultimately accelerating prior authorization decisions for services that qualify for this particular category, as well as permits "Gold Carding." Finally, it directs plans to base requirements on evidence-based criteria and to review those requirements annually to eliminate unnecessary barriers to care. By codifying these patient protections and remaining consistent with the CMS' 2024 Interoperability and Prior Authorization Final Rule,[5] the bill would reduce administrative waste, improve patient outcomes, and make certain that medical decisions are timely, transparent, and clinically sound.

The Improving Seniors' Timely Access to Care Act has been the principal prior authorization legislative priority for the AMA, other national medical specialty societies and state medical associations for many years. In fact, previous versions of this legislation passed the House of Representatives and key committees of jurisdiction in the 117th and 118th Congresses, respectively. Introduced in the 119th Congress by Representatives Mike Kelly (R-PA), Suzan DelBene (D-WA), Ami Bera, MD (D-CA), and John Joyce, MD (R-PA), as well as Senators Roger Marshall, MD (R-KS) and Mark Warner (D-VA), this bipartisan legislation has already been cosponsored by a majority of the House of Representatives and a super majority of the Senate.

The AMA deeply appreciates your ongoing efforts on this issue. The time for expeditious legislative action is now. We urge the House and Senate to bring H.R. 3514, the Improving Seniors' Timely Access to Care Act of 2026, to the floor and pass it without delay. Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,



John Whyte, MD, MPH

[4] https://www.federalregister.gov/documents/2024/02/08/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability
[5] *Id*.