July 25, 2025

Dr. Mehmet Oz
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave SW, Washington, DC 20001

RE: Wasteful and Inappropriate Service Reduction (WISeR) Model

Dear Administrator Oz,

The American College of Physicians (ACP) appreciates the opportunity to offer feedback on the CMS Innovation Center's (CMMI's) Wasteful and Inappropriate Service Reduction (WISeR) Model. ACP supports efforts to reduce wasteful spending, prevent fraud, and streamline care delivery through methods such as prior authorization, especially when these efforts are informed by evidence, transparency, and respect for clinical autonomy. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to diagnose, treat, and provide compassionate care for adults across the spectrum from health to complex illnesses.

ACP appreciates CMS and CMMI for their efforts to address prior authorization. As you highlighted in the June 2025 announcement of health insurance industry pledges to streamline and improve prior authorization processes, these processes urgently need reform. Prior authorization has not consistently shown meaningful cost savings[1], and there is growing evidence of the real and often irreversible harm it causes, including treatment delays[2], care

[1] Quantifying The Economic Burden Of Drug Utilization Management On Payers, Manufacturers, Physicians, And Patients | Health Affairs
[2] Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials (OEI-09-16-00410; 09/18)

denials[3], and physician burnout[4]. The best way to alleviate the burden of prior authorization is not to reinforce it, but to eliminate it where there is no strong evidence supporting its efficacy[5] [6]. Prior authorization should not be applied as a blanket policy. Doing so can undermine the trust between physicians and patients, hinder timely access to care, and erode the confidence of the physician community in its federal representatives.

Model Goals, Design, and Implementation

While we acknowledge the need to reduce waste, **ACP does not support the implementation of the WISeR model in its current form.** Prior authorization was originally intended to prevent unnecessary care and control costs. However, it is too often a source of needless delay, confusion, and harm. Instead of streamlining prior authorization, as proposed, WISeR would add another layer of complexity to an already overburdened process. ACP is deeply concerned about the model's design that outsources functions to artificial intelligence (AI). We are worried that the WISeR model, which merely substitutes manual barriers with algorithm-driven processes, will not significantly alleviate existing burdens. Moreover, integrating AI into prior authorization introduces additional challenges, including potential algorithmic bias, opaque decision-making processes, and insufficient accountability.

Prior authorization must be reformed when the administrative burden outweighs the benefit, and when delays caused by denials have real and sometimes devastating consequences for patients. ACP recognizes that prior authorization can help limit high-cost and low-value procedures; however, it must be applied selectively, guided by evidence and clinical utility.

Several other aspects of the model need further clarification. Given the potential for this model to expand over time, it is essential to address foundational concerns now to ensure long-term viability and alignment with the health care sector's needs. We urge CMS and CMMI to postpone the proposed implementation and actively engage with clinicians and the patient community to assess the impacts and explore how technology can enhance administrative efficiencies. While this model undergoes further evaluation, participation should at least be voluntary.

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[3] Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care" (OEI-09-18-00260)
[4] AMA prior authorization (PA) physician survey | AMA
[5] Medication prior authorization in pediatric hematology and oncology - Dickens - 2017 - Pediatric Blood & Cancer - Wiley Online Library
[6] Treatment Delays Associated With Prior Authorization for Infusible Medications: A Cohort Study - PubMed

Although the model is proposed to reduce administrative burden, it introduces new complexities that could impose additional demands on physicians. AI-driven systems may delay care if clinicians are required to wait for determinations that they are otherwise qualified to make directly. This burden may be intensified if physicians must tailor documentation to meet the technical requirements of automated systems, risking denials due to formatting errors or system misinterpretation. Combined with the risk of retrospective denials, these issues could worsen revenue instability and physician burnout.

The role of private-sector vendors in the model also raises concerns. While we recognize the potential for innovation, we are cautious about payment structures that reward vendors based on cost savings achieved through denied claims, as this may lead to unintended consequences. This arrangement creates a financial incentive to deny services, which could result in overly aggressive review practices and erode trust between clinicians and CMS. Inviting the private sector to play a more active role in program design and implementation must be accompanied by strong safeguards to prevent undue influence and protect clinical decision-making.

Recommendations for Reform

Reform must start with an evidence-based assessment of where prior authorization is truly effective and where it is mistakenly assumed to reduce costs, often at the expense of timely patient care. While we appreciate CMS and CMMI's commitment to addressing this long-standing issue via the WISeR model, introducing AI-driven processes without first addressing the structural flaws of prior authorization may exacerbate inefficiencies.

Reforms must focus on transparency, evidence-based practices, and patient-centered care. ACP has supported CMS's efforts to modernize the process by promoting interoperability and enhancing prior authorizations through electronic submissions and quicker turnaround times[7]. We also support the bipartisan *Improving Seniors' Timely Access to Care Act*, which would codify critical safeguards to ensure that Medicare Advantage beneficiaries can receive timely access to medically necessary care[8] . Recently, ACP sent a letter to CMS in response to the announcement from major insurers regarding their commitment to reforming practices[9] . In the letter, we stressed the importance of ensuring that assurances are supported by measurable outcomes, actionable plans, clear timelines, and continuous engagement with those most affected, both physicians and patients. ACP has also expressed support for implementing "gold carding" programs, which exempt high-performing physicians from repeated prior

[7] ACP Letter to CMS Regarding Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule
[8] ACP Letter of Support for the Improving Seniors' Timely Access to Care Act
[9] Letter to CMS re: Health Insurers' Pledge to Reform Prior Authorization

authorization requirements based on their track record. CMS should incorporate these approaches into broader reform efforts that recognize clinical expertise and streamline the prior authorization process.

As CMS continues its efforts to improve prior authorization, ACP recommends that the agency establish both short- and long-term benchmarks for progress. We urge CMS to create robust and timely feedback loops between physicians and policymakers. This would enable quick adjustments and real-time enhancements based on what works effectively and what does not. Before implementing pilot models, there should be thorough information gathering and dialogue among those most affected. The evidence supporting technological and AI-driven interventions must be clear, and transparency in reporting and decision-making is essential.

ACP remains committed to working with CMS and CMMI to ensure that prior authorization reform is meaningful, actionable, and ultimately focused on improving care, rather than just managing costs. ACP appreciates the opportunity to offer our feedback and looks forward to continuing to collaborate with the administration. If you have any questions or would like to discuss the contents of this letter or related topics, please reach out to Dejaih Johnson, JD, MPA, Manager of Regulatory Affairs, at djohnson@acponline.org

Sincerely,

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President, American College of Physicians