



**American College of Physicians
Statement for the Record**

**The U.S. House of Representatives
Energy and Commerce Health Subcommittee Hearing
on
“Improving Medicare Payment Policies for Seniors”
January 8, 2026**

The American College of Physicians (ACP) is pleased to provide comments in response to the House Energy and Commerce Health Subcommittee’s [hearing](#) on “*Improving Medicare Payment Policies for Seniors.*” We thank Chairs Guthrie and Griffith and Ranking Members Pallone and DeGette for holding this important hearing to improve Medicare payment policies and access to care for American seniors. We urge the committee to work together in a bipartisan manner to explore policy solutions that would improve Medicare beneficiaries’ access to high-quality, timely, and appropriate care.

ACP members include 162,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Additionally, internal medicine is the specialty with the largest number of active physicians specializing in primary care, with 120,342 internal medicine physicians being identified as specializing in primary care in 2021.

Prevent Expansion of Prior Authorizations in Traditional Medicare

The College strongly supports policies to limit unnecessary administrative burdens, such as prior authorizations, that divert physicians from patient care. Prior authorization involves paperwork and phone calls, as well as varying data elements and submission mechanisms that force physicians to enter unnecessary data in electronic health records or perform duplicative tasks outside of the clinical workflow. This inhibits clinical decision-making at the point of care, creating a barrier to medical care for patients. Not only does it take physicians’ time away from direct patient care, but it also contributes significantly to physician burnout. In 2022, a [survey](#) found that 82 percent of doctors surveyed responded that the prior authorization process was very or extremely burdensome. Additionally, the current processes for prior authorization approvals are also costly for physician practices. These issues are exacerbated by individual payers, each of whom has their own approaches, rules, and requirements for prior authorization. Data [shows](#) the average annual cost for prior authorization approval on primary care practices ranged from \$2,161 to \$3,430 per full-time physician. These issues are of great concern to all practicing physicians, but they’re particularly burdensome for smaller practices that may not have the staff or workflows available to address the additional administrative work, potentially impeding access to care in underserved areas with clinician workforce shortages.

Historically, traditional Medicare rarely required prior authorizations, allowing Medicare beneficiaries the flexibility to see the physicians they want and to get the services and medication they need without Medicare pre-approvals. That will change with the recent implementation of the Department of Health and Human Services’ (HHS) new Medicare pilot program, the Wasteful and Inappropriate Service Reduction (WISeR) Model. As of January 2026, eight states with more than 6.4 million seniors on traditional Medicare are part of the WISeR pilot.

The pilot allows prior authorization in traditional Medicare for certain outpatient procedures and services. Further, it will allow the use of artificial intelligence (AI) to make prior authorization determinations. This would be the first major expansion of prior authorizations in traditional Medicare.

While we understand HHS' aim to reduce wasteful health care spending, prevent fraud, and streamline care delivery through methods such as prior authorization, we do not agree with the WISeR model's design. ACP recently wrote a [letter](#) to HHS sharing our concerns. The WISeR model would outsource prior authorization functions to AI for Medicare beneficiaries, without imposing any safeguards to address potential bias, opacity and private/security issues. As proposed, the model would reward private-sector vendors based on cost savings achieved through denied claims. This arrangement would create a financial incentive to deny services, which could result in overly aggressive review practices and erode trust between clinicians, patients and the Centers for Medicare and Medicaid Services. While we support innovation, we strongly urge caution with this approach. 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. **ACP strongly supports the [Ban AI Denials in Medicare Act, H.R. 6361](#), introduced by Representative Landsman. This legislation would prevent HHS from implementing and testing the WISeR model further. It would also prohibit HHS from implementing other similar models that would expand prior authorization practices, including through the use of AI, in traditional Medicare. We urge Congress to take action to prevent the WISeR pilot from further implementation.**

Expanding prior authorization in traditional Medicare, using AI and without oversight, could lead to higher administrative burden, delayed or foregone care, and negative health outcomes. We have seen this play out in Medicare Advantage (MA), the alternative to traditional Medicare, in which private health insurers contract with HHS to administer health plans. A [2022 HHS report](#) detailed abuse in the prior authorization process. The report found that MA insurers "sometimes delayed or denied beneficiaries' access to services, even though the requests met Medicare coverage rules." Further, a [survey](#) of more than 600 medical groups in March 2023 showed that 84 percent reported an increase in their prior authorization requirements for MA plans. More recently, a [2024 Senate Investigative Report](#) found that three of the largest Medicare Advantage Organizations significantly increased their use of prior authorization for post-acute care in recent years, through the use AI and machine learning systems to make prior authorization determinations. The report found that from 2019 to 2022, UnitedHealthcare, Humana, and CVS each denied prior authorization requests for post-acute care at much higher rates than they did for other types of care that are less costly, resulting in MA beneficiaries having reduced access to post-acute care.

ACP has strongly been in favor of standardizing and streamlining prior authorization processes over the years. In a policy paper, [Putting Patients First by Reducing Administrative Tasks in Health Care](#), ACP advocated that, "Administrative tasks that cannot be eliminated from the health care system must be regularly reviewed, revised, aligned, and/or streamlined in a transparent manner, with the goal of minimizing burden, by all stakeholders involved. Payers, public and private oversight entities, and vendors and suppliers must work together and actively engage with clinician societies and frontline clinicians to harmonize their administrative policies, procedures, processes, and forms regarding such issues as prior authorizations, payment reviews, reporting requirements, and others." The College has repeatedly voiced support for the [Improving Seniors' Timely Access to Care Act](#), first introduced in 2019, which would protect patients from unnecessary delays in care and reduce administrative burden on physicians by streamlining the prior authorization approval processes in MA.

Conclusion

ACP appreciates the Energy and Commerce Health Subcommittee's commitment to finding bipartisan solutions to improve Medicare. **We urge you to advance the Ban AI Denials in Medicare Act and to bring forward the Improving Seniors' Timely Access to Care Act for further discussion.** If you have any further questions or need additional information from ACP, please contact Vy Oxman at 202-261-4515 (voxman@acponline.org).