



FOR IMMEDIATE RELEASE

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**Physician Coalition Supports Improving Healthcare Transparency and Affordability
Urges House Ways and Mean & Energy and Commerce Committees to Pass Seniors' Act**

Washington, DC— The Regulatory Relief Coalition ([RRC](#)), a group of 16 national physician organizations, commends the House Energy and Commerce Committee and the House Ways and Means Committee for convening hearings with major insurance companies to address increasing costs for patients entitled, “Lowering Health Care Costs for All Americans: An Examination of Health Insurance Affordability.”

Given that Medicare Advantage (MA) plans cover more than half of all Medicare seniors, the RRC urges Congress to use this opportunity to discuss an excellent legislative solution to the issues at hand – **The Improving Seniors’ Timely Access to Care Act (S. 1816/H.R. 3514)**. The bill provides meaningful prior authorization reform for Medicare Advantage (MA) enrollees and will reduce costly delays and denials of medically necessary care. We strongly urge the committees to act to advance this bipartisan, bicameral legislation into law this year.

The *Seniors Act* gained broad consensus across the physician, provider, patient, and insurers (Better Medicare Alliance and Humana) communities. RRC drove overwhelming bipartisan support for the *Seniors’ Act* and earned a majority of the House (244 cosponsors) and the Senate (65 cosponsors). Along with the RRC, more than [300 organizations](#) representing patients, health care providers, the medical technology and biopharmaceutical industry, health plans, and others endorsed the legislation.

The *Seniors Act* has overwhelming support from both committees holding these hearings, with forty out of fifty-four (nearly 75%) Energy and Commerce Committee members and thirty-three out of forty-five (nearly 75%) Ways and Means members co-sponsoring this bill. Further, several of the MA companies testifying at the hearing support passage of the *Seniors’ Act*. Notably, as this hearing relates to costs, the *Seniors Act* when last advanced in Congress was judged by the Congressional Budget Office (CBO) to be a no-cost bill and was passed by voice vote on the House floor in the 117th Congress.

In June 2025, major MA insurers publicly pledged to adopt long-overdue prior authorization reforms included in the *Seniors’ Act*. The insurers’ commitments mirror many of the reforms long championed by RRC. However, many of these same insurers made similar commitments in a 2018 [consensus statement](#) but failed to enact meaningful changes. Since that time, prior authorization burdens have continued to worsen. These repeated, unfulfilled promises by MA companies underscore the need for Congressional action to ensure plans are held accountable and to meaningfully reduce prior authorization burdens. These hearings present an obvious venue to hold these insurers accountable for these broken promises.

A 2024 Senate Homeland Security Committee [report](#) revealed that UnitedHealthcare's denial rate for post-acute care prior authorization requests rose dramatically—from 8.7% in 2019 to 22.7% in 2022. Meanwhile, the Kaiser Family Foundation [reported](#) that MA insurers denied 6.4% of prior authorization requests in 2023, up from 5.7% in 2019, and that MA plans issued nearly 50 million prior authorization determinations in 2023, sharply increasing from 37 million in 2021 and 42 million in 2022.

As such, we strongly urge both committees and Congress to advance the *Seniors Act* at their earliest opportunity.

More information about the RRC and the legislation is available at www.regrelief.org.

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