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Physician Coalition Applauds CMS/Administration Efforts, Asks Congress to Take Vital Next Step to Pass *Seniors* Medicare Advantage Prior Authorization Reform

Washington, DC— The Regulatory Relief Coalition ([RRC](#)), a group of 16 national physician organizations, commends the Centers for Medicare and Medicaid Services' recent statements and the Administration's efforts to extract voluntary promises from the insurance industry to reduce the burden of prior authorization while recognizing that only a literal act of Congress can ensure that Medicare Advantage Seniors receive timely access to care.

Over the last several years, there is overwhelming evidence that Medicare Advantage is a serious disadvantage for Medicare seniors. Congress' response is clear – **The Improving Seniors' Timely Access to Care Act (S. 1816/H.R. 3514, the "Seniors Act")** is the most effective means to bring oversight to Medicare Advantage because it institutes quantifiable, transparent reliable, and accountable results through Congressional action.

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 and those extracted by the Administration in the last year. However, many of these same insurers made similar commitments in a 2018 [consensus statement](#) but failed to enact meaningful changes.

Further, just last month the Medical Group Management Association [2026 Regulatory Burden Report](#) found that these regulatory pressures are not declining, but rather increasing. Some key findings:

- Nearly 95% of respondents reported an increase in regulatory burden over the past three years, with many describing current demands as unsustainable.
- Three of the top five administrative challenges are directly tied to Medicare Advantage - prior authorization, claim denials and automatic downcoding.
- While Medicare Advantage now covers more than half of all Medicare-eligible beneficiaries, 79% of practices experiencing a shift toward the program reported a negative impact on operations.

These often repeated, unfulfilled promises by MA companies underscore the need for immediate Congressional action to ensure plans are held accountable and to meaningfully reduce prior authorization burdens.

The insurer promises are not supported by multiple analyses. 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. In dozens of surveys and press reports, the public has evidenced increasing concern about prior authorizations and the need for Medicare Advantage reform. In a February 2026 [KFF Health Tracking Poll](#), the group found that prior authorizations rank as public’s biggest burden when getting health care.

We strongly agree with CMS’s May 5, 2026, assessment about the insurance industry – “A common practice imposed by health insurers on patients and providers is their intrepid need to second-guess clinician treatment decisions by requiring prior authorizations before paying a claim.” We also applaud CMS for recognizing that the current prior authorization process “creates unnecessary delays for patients, burdens health care providers with excessive paperwork, and erodes trust between payers and health care providers.”

The legislation enjoys a majority in both the House and the Senate with 282 co-sponsors in the House and 70 in the Senate. Along with the RRC, more than [300 national and state organizations](#) representing patients, health care providers, the medical technology and biopharmaceutical industry, and others endorse the legislation. Insurers, in the form of the Better Medicare Alliance and Humana, also publicly endorse the legislation. Further, 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.

The RRC strongly encourages the Administration to take the next step to advance our mutual goals – to support Congress’ nearly decade long work to pass legislation that gives America’s Medicare Advantage seniors protection with the full force of the law for now and into the future.

The solution is clear, the path is outlined, Congress must pass the Seniors Act into law this year.

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

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