

December 3, 2025

The Honorable Mike Johnson

Speaker of the House
H-232, The Capitol
Washington, DC 20515

The Honorable John Thune

Senate Majority Leader
S-230, The Capitol
Washington, DC 20515

The Honorable Hakeem Jeffries

House Minority Leader
H-204, The Capitol
Washington, DC 20515

The Honorable Chuck Schumer

Senate Minority Leader
S-221, The Capitol
Washington, DC 20515

RE: National Rural Organizations Urge Passage of the *Improving Seniors' Timely Access to Care Act* (S. 1816/H.R. 3514).

Dear Speaker Johnson, Leaders Thune, Jeffries, and Schumer,

On behalf of the undersigned national organizations committed to improving the health and well-being of rural communities, we write to express our deep concern about the impact of prior authorization requirements in Medicare Advantage on patients and providers in rural America and to urge swift passage of the *Improving Seniors' Timely Access to Care Act* (S. 1816/H.R. 3514).

Over 10 million Medicare beneficiaries live in rural areas, and more than 42% of beneficiaries in the most rural areas are enrolled in Medicare Advantage.¹ Rural beneficiaries often experience higher rates of chronic conditions, greater economic challenges, and fewer healthcare resources compared to urban populations. Prior authorization requirements in Medicare Advantage further restrict access to care and exacerbate these disparities.

Prior authorization use has been historically higher in Medicare Advantage than in Traditional Fee-for-Service (FFS) Medicare. In 2023, Medicare Advantage insurers made nearly 50 million prior authorization determinations, compared to fewer than 400,000 in Traditional FFS.² For rural patients, these requirements can mean delays in medically necessary treatment, the need for multiple long-distance trips to see specialists, or even abandonment of care altogether. Such delays often result in worsening of chronic conditions, avoidable hospitalizations, or permanent declines in health that could have been prevented with timely intervention. These delays not only compromise health outcomes but also undermine patients' independence and quality of life- forcing some to live with unmanaged pain or prolonged uncertainty about their diagnosis or treatment- while simultaneously driving up higher overall healthcare costs.

¹ See [Key Facts About Medicare Beneficiaries in Rural Areas | KFF](#)

² See [Medicare Advantage Insurers Made Nearly 50 Million Prior Authorization Determinations in 2023 | KFF](#)

Rural providers are similarly burdened. Many rural facilities operate with persistent staff shortages and limited financial margins, leaving them without the administrative support that larger systems use to manage prior authorization demands. As a result, physicians and nurses must spend more time on paperwork and less time on patient care- a challenge that is particularly severe in rural communities already struggling to recruit and retain healthcare professionals. Over time, these pressures threaten the sustainability of rural healthcare systems and their ability to serve their communities effectively.

Data from rural clinicians and the broader physician community reveal the following about the negative effects of prior authorization:

- **Nearly four in five clinicians in rural communities report increases in insurer-required administrative tasks over the past five years;**³
- **Roughly eighty-one percent of clinicians in rural communities report negative impacts to patient health because of insurer administrative requirements;**⁴
- **Approximately eighty-nine percent of physicians report that prior authorization somewhat or significantly increases physician burnout**⁵;
- **Approximately seventy-eight percent of physicians report that prior authorization often or sometimes causes patients to abandon treatment.**⁶

The *Improving Seniors' Timely Access to Care Act* (S. 1816/H.R. 3514) is bipartisan, bicameral legislation that would modernize the prior authorization process by establishing clear timelines, greater transparency, and electronic standards. Enacting this bill would ensure that rural Medicare beneficiaries receive the care they need without harmful delays and that rural providers can focus on patients rather than paperwork.

As such, we respectfully urge the House Ways and Means and Energy and Commerce committees to advance through their respective committees, in anticipation of a successful House floor vote, and for the House and Senate to include the bill in any moving legislation to help those we serve – patients in rural areas where barriers to care are often the most challenging.

Thank you for your attention to this critical issue. We welcome the opportunity to work with you to ensure rural Medicare beneficiaries receive the care they need without harmful delays.

Sincerely,

Rural Health Organizations

LeadingAge
LeadingAge Kentucky
LeadingAge Nebraska
Louisiana Rural Health Association

³ See [The Growing Impact of Medicare Advantage on Rural Hospitals Across America | AHA](#)

⁴ Ibid.

⁵ See [AMA prior authorization \(PA\) physician survey | AMA](#)

⁶ Ibid.

Maryland Rural Health Association
Medical Group Management Association
Minnesota Rural Health Association
National Association for Rural Mental Health
National Association of Rural Health Clinics
National Rural Health Association
New England Rural Health Association
West Virginia Rural Health Association

cc

Energy and Commerce Committee Chair Brett Guthrie and Ranking Member Frank Pallone

Ways and Means Committee Chair Jason Smith and Ranking Member Richard Neal

Finance Committee Chair Mike Crapo and Ranking Member Ron Wyden

The GOP Doctors Caucus Representatives Greg Murphy, John Joyce, Brian Babin, Buddy Carter, Scott DesJarlais, Neal Dunn, Andy Harris, Diana Harshbarger, Ronny Jackson, Mike Kennedy, Richard McCormick, Mariannette Miller-Meeks, Bob Onder, and Jeff Van Drew

The Democratic Doctors Caucus Representatives Ami Bera, Herb Conaway, Kelly Morrison, Kim Schrier, Maxine Dexter, and Raul Ruiz

Bill Sponsors Senators Roger Marshall, MD, and Mark Warner, and Representatives Mike Kelly, Suzan DelBene, John Joyce, MD, and Ami Bera, MD