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RRC Calls for Congress to Pass Prior Authorization Reforms

Cautions That Insurer Promises Don't Guarantee Necessary Oversight and Transparency

Washington, DC— The Regulatory Relief Coalition ([RRC](#)), a group of 16 national physician organizations, is urging Congress to pass the meaningful prior authorization reforms in the *Improving Seniors' Timely Access to Care Act* – S. 1816/ H.R. 3514 – following the public announcement of a commitment from health insurers to reduce and streamline prior authorization in Medicare Advantage, Medicaid managed care, and commercial plans.

RRC's sustained advocacy helped drive broad consensus across the physician, provider, patient, and insurer communities creating overwhelming bipartisan support for the *Seniors' Act*, focused on Medicare Advantage. The coalition's advocacy and policy work also led Centers for Medicare and Medicaid Services (CMS) to propose and finalize landmark rules on transparency and oversight of prior authorization for all federal plans.

This latest voluntary insurer commitment highlights the need to codify these long-overdue reforms by passing the *Seniors' Act* into law. The *Seniors' Act* bipartisan champions issued a joint [press release](#) calling for swift congressional action and the Department of Health and Human Services (HHS) Robert F. Kennedy, Jr. and CMS Administrator Mehmet Oz, MD, called on insurers to fix the broken prior authorization system in follow up to the insurers' pledge to reduce prior authorization.

Promises from the insurance industry do not guarantee relief. The insurers' commitments mirror many of the reforms long championed by RRC, as well as key beneficiary protections advanced by CMS in 2024. However, many of these same insurers promised in a 2018 [consensus statement](#) – but failed to deliver – meaningful change or beneficiary protections. In fact, since that 2018 statement, the burden of prior authorization has only increased.

A 2024 [report](#) published by the Senate Homeland Security Committee found that UnitedHealthcare's denial rate of prior authorization for post-acute care rose sharply– from 8.7% in 2019 to 22.7% in 2022. Likewise, the Kaiser Family Foundation (KFF) [reported](#) that Medicare Advantage insurers denied 6.4% of prior authorization requests in 2023, up from 5.7% in 2019, and KFF reported that insurers made nearly 50 million prior authorization determinations in 2023 increasing from 37 million in 2021 and 42 million in 2022.

In the 2025 commitment, insurers pledge to implement real-time decisions for 80% of prior authorizations by 2027 – an original provision of the *Seniors' Act*. However, the commitment does not include transparency measures, such as data sharing of metrics or additional oversight– reforms necessary to ensure plans are held accountable for denials the RRC continues to champion. Further,

some insurers have increasingly relied on post-claim clawbacks, also known as retrospective reviews, and other barriers to care to deny or delay care.

Real government oversight and transparency, as afforded by the *Seniors' Act*, will ensure that insurers are held accountable. RRC calls on Congress to advance the *Seniors' Act* this year to protect the 35 million Americans on Medicare Advantage.

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

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