

April 2, 2025

The Honorable Mark Green, MD
U.S. House of Representatives
2446 Rayburn House Office Building
Washington, DC 20515

The Honorable Kim Schrier, MD
U.S. House of Representatives
1110 Longworth House Office Building
Washington, DC 20515

Dear Representatives Green and Schrier:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to express our support for H.R. 2433, the “Reducing Medically Unnecessary Delays in Care Act of 2025.” This bill takes an important step toward reforming prior authorization (PA) processes that continue to impose unnecessary delays and administrative burdens on physicians and patients by requiring that determinations about medical necessity are made by board-certified physicians with clinical experience in the same specialty as the ordering physician.

According to AMA [data](#), 23 percent of physicians report that PA requirements have led to a patient’s hospitalization, while 18 percent report that it has led to a life-threatening event. In the same 2024 survey, 94 percent of physicians believed that PA requirements negatively impacted patient clinical outcomes. Physicians consistently report that PA processes, while intended to promote appropriate care and manage costs, too often result in care delays, administrative burden, and interference with medical decision-making. In addition, only 16 percent of physicians participating in peer-to-peer reviews for prior authorizations indicate that the health plan’s “peer” often or always has the appropriate qualifications. When these determinations are made by individuals lacking the relevant clinical training or familiarity with the patient’s condition, the consequences for patient safety and timely access to care can be severe.

This legislation addresses that core concern and reinforces the use of clinically valid, evidence-based criteria and review by appropriately qualified clinicians. This aligns closely with the AMA’s “[Prior Authorization and Utilization Management Reform Principles](#),” developed through a broad, multi-stakeholder consensus process, which stress that PA programs must be clinically valid, transparent, timely, and administratively efficient. Additionally, the bill complements recent regulatory efforts by the Centers for Medicare & Medicaid Services to impose meaningful guardrails on PA in Medicare Advantage plans.

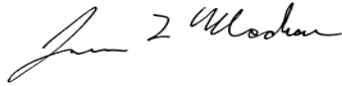
PA determinations made by individuals lacking appropriate clinical expertise not only undermine the treating physician’s clinical judgment but also introduce inefficiencies that fall disproportionately on private medical practices, especially smaller or independent ones that lack the administrative infrastructure to absorb the high costs of compliance and fighting inappropriate denials. These burdens translate into real-world harm including delayed diagnoses, treatment interruptions, worsening conditions, and declining patient trust. Moreover, the burdens of clinically inappropriate PA processes further exacerbate the current landscape practices face, which include payment clawbacks and retroactive denials that introduce substantial financial instability. For many practices already operating on thin margins, these

The Honorable Mark Green, MD
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April 2, 2025
Page 2

risks can mean the difference between sustainability and closure. As a result, PA is not merely an administrative issue, but it is a growing threat to the viability of private practice and to equitable access to care across communities.

The AMA is committed to eliminating unnecessary barriers to patient care and reducing administrative burdens on physicians, and this legislation is a welcome and much needed step toward that goal. The AMA appreciates your leadership on this important issue, and we look forward to working with you to advance this legislation in the 119th Congress.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim L. Madara".

James L. Madara, MD