February 10, 2026

The Honorable Rick Scott
Chairman
Committee on Aging
United States Senate
G16 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Kirsten Gillibrand
Ranking Member
Committee on Aging
United States Senate
G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Scott and Ranking Member Gillibrand:

On behalf of the Regulatory Relief Coalition (RRC), a coalition of national physician specialty organizations seeking to reduce regulatory burdens that interfere with patient care, we welcome the Senate Committee on Aging's February 11, 2026, hearing, titled "The Doctor Is Out: How Washington's Rules Drove Physicians Out of Medicine".

This hearing presents an excellent opportunity to examine the significant administrative burdens imposed by prior authorization and the resulting increase in physician burnout, an issue that the RRC has long advocated addressing through the *Improving Seniors' Timely Access to Care (Seniors') Act* (S. 1816). We also applaud the Committee for selecting Jeffrey Smith, CPA, MBA, FACMPE, CGMA, Incoming Board Chair of the Medical Group Management Association (MGMA), as a witness, as MGMA is a valued member of the RRC and brings critical expertise on how regulatory burdens affect physician practices.

The *Seniors' Act* would modernize and streamline the prior authorization (PA) process for over 35 million Americans currently enrolled in Medicare Advantage (MA) plans, and it stands as the most widely supported and endorsed zero-cost health care bill in the 119th Congress. The bill's broad support is reflected in its 65 Senate cosponsors and 255 House cosponsors, including a majority of this Committee (7). We applaud you and your Committee members for your strong leadership on this critical issue. Additionally, more than 300 organizations representing patients, health care physicians and other clinicians, the medical technology and biopharmaceutical industry, health plans and other organizations have endorsed the bill.

Regulatory burdens, including abusive PA practices by MA plans, increase administrative red tape, present serious physician workflow challenges, and contribute significantly to physician and other clinician burnout. These burdens divert physicians' time and resources away from direct patient care and can delay medically necessary treatment. The 2024 American Medical Association (AMA) Prior Authorization Physician Survey[1] demonstrates these impacts, finding, among other things, that:

[1] AMA prior authorization (PA) physician survey | AMA

- 89% of physicians report that PA somewhat or significantly increases physician burnout;
- Physicians and their staff spend an average of 13 hours each week competing PAs;
- Practices complete an average of 39 PAs per physician, per week with 40% of physicians having staff who work exclusively on PA;
- 93% of physicians report that PA always (15%), often (42%), or sometimes (36%) delays access to necessary care.

Enacting the *Seniors' Act* has the potential to significantly reduce administrative burden while improving health care outcomes. Research clearly demonstrates that the delays and denials resulting from onerous PA requirements are hurting medical practices and reducing quality of care for patients. For example, a 2023 MGMA survey[2] found the following:

- 89% of medical practices find prior authorization "very or extremely burdensome."
- 92% of medical practices "hired or redistributed staff to work on prior authorization due to the increase in requests."
- 83% of practices said a top challenge is prior authorization for routinely approved items and services.
- 97% of medical practice reported that patients "experienced delays or denials for medically necessary care due to prior authorization requirements."

Physician practices are also experiencing challenges getting paid for pre-approved services, as some health plans are refusing to pay claims or are recouping payments after approved health care services have been rendered. For example, a neurosurgical practice recently analyzed its claims to determine the scope of the post-service payment recoupment process, discovering more than $3 million in payment denials and/or recoupments over a 2 ½ year period. The combination of administrative costs and lack of payment is a one-two punch — a significant contributor to physician burnout and a catalyst for increased health care consolidation as physicians can no longer remain in independent practice in the face of these administrative burdens.

Prior authorization delays exacerbate physician burnout and disrupt clinical workflows, ultimately compromising patient care. Reducing these administrative burdens is critical to supporting physicians and ensuring patients receive timely, medically necessary treatment.

The RRC looks forward to assisting you with this and other initiatives aimed at reducing regulatory burden. Please contact Peggy.Tighe@PowersLaw.com or Natalie.Keller@PowersLaw.com with any questions. Thank you for considering our views.

[2] 2023 MGMA Regulatory Burden Report FINAL

Sincerely,

RRC Members

American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Osteopathic Association
Association For Clinical Oncology
Congress of Neurological Surgeons
Heart Rhythm Advocates
Medical Group Management Association
Society for Cardiovascular Angiography & Interventions

RRC Allies

American Podiatric Medical Association
The National Association for Proton Therapy