

MAY 20, 2025

Senators Marshall and Warner Reintroduce Bill to Improve Seniors' Access to Care

Washington – U.S. Senator Roger Marshall, M.D. (R-Kansas) and U.S. Senator Mark Warner (D-Virginia) today reintroduced the *Improving Seniors' Timely Access to Care Act* – bipartisan, zero-cost legislation to improve access to care for seniors enrolled in Medicare Advantage (MA) plans. The bill focuses on streamlining the often cumbersome and time-consuming prior authorization process, ultimately allowing healthcare providers to spend more time on patient care rather than administrative burdens.

This legislation would help physicians better serve and improve care for the 32.8 million Americans (<https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2024-enrollment-update-and-key-trends/#:~:text=In%202024%2C%20more%20than%20half,enrolled%20in%20Medicare%20Advantage%20pl>) including the over 196,000 (<https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment/data?query=%7B%22filters%22%3A%7B%22list%22%3A%5B%7B%22conditions%22%3A%5B%7B%22column%2> – enrolled in an MA plan).

*“Prior authorization is the number one administrative burden facing physicians today across all specialties,” **Senator Marshall said.** “As a physician, I understand the frustration this arbitrary process is causing health care practices across the country and the headaches it creates for our nurses. With the bipartisan, bicameral Improving Seniors’ Timely Access to Care Act, we will streamline prior authorization and help improve patient outcomes and access to quality care.”*

“Our seniors deserve high-quality care delivered in a timely fashion. I am proud to introduce this legislation that takes commonsense steps to modernize the prior authorization process, cutting through red tape, streamlining approvals, and making sure our health care providers are focused on what really matters — supporting their patients,” **Senator Warner said.**

Joining Senators Marshall and Warner are U.S. Senators Maggie Hassan (D-New Hampshire), John Fetterman (D-Pennsylvania), Amy Klobuchar (D-Minnesota), Bill Cassidy (R-Louisiana), Shelley Moore Capito (R-West Virginia), John Hickenlooper (D-Colorado), James Lankford (R-Oklahoma), Jeff Merkley (D-Oregon), Marsha Blackburn (R-Tennessee), Cynthia Lummis (R-Wyoming), Cindy Hyde-Smith (R-Mississippi), Tim Kaine (D-Virginia), Jeanne Shaheen (D-New Hampshire), Mike Rounds (R-South Dakota), Alex Padilla (D-California), Bill Hagerty (R-Tennessee), Andy Kim (D-New Jersey), John Boozman (R-Arkansas), Dick Durbin (D-Illinois), John Cornyn (R-Texas), Patty Murray (D-Washington), Jerry Moran (R-Kansas), Kirsten Gillibrand (D-New York), Maria Cantwell (D-Washington), Mazie Hirono (D-Hawaii), Thom Tillis (R-North Carolina), Cory Booker (D-New Jersey), Tina Smith (D-Minnesota), Peter Welch (D-Vermont), Sheldon Whitehouse (D-Rhode Island), Ted Budd (R-North Carolina), Catherine Cortez Masto (D-Nevada), Tim Sheehy (R-Montana), Tammy Baldwin (D-Wisconsin), Pete Ricketts (R-Nebraska), Richard Blumenthal (D-Connecticut), Elizabeth Warren (D-Massachusetts), Tammy Duckworth (D-Illinois), John Hoeven (R-North Dakota), Rick Scott (R-Florida), Mark Kelly (D-Arizona), Jacky Rosen (D-Nevada), Martin Heinrich (D-New Mexico), Deb Fischer (R-Nebraska) and Chris Coons (D-Delaware).

*“Too often, seniors face unnecessarily complicated and burdensome prior authorization processes that can become a barrier to receiving care,” **Senator Hassan said.** “This bipartisan legislation is a commonsense way to support seniors on Medicare Advantage in accessing care, and to help health care providers focus on their patients instead of paperwork.”*

"Prior authorization places more importance on process than patients. As a doctor, I want that to change. Let's make sure seniors are receiving timely care," **Senator Cassidy said.**



"Too often, seniors have to wait to receive vital care because of administrative burdens like prior authorization. I'm proud to join my colleagues in introducing the Improving Seniors' Timely Access to Care Act, which will streamline prior authorization and reduce unnecessary health care delays," **Senator Capito said.**

"Seniors across the Cowboy State rely on Medicare, but too often, bureaucratic red tape gets in the way of timely care," **Senator Lummis said.** *"I am proud to join my colleagues across the aisle to streamline the prior authorization process and put patients over paperwork."*

"Excessive administrative burdens within the Medicare Advantage program means too many seniors receive delayed benefits, while our health care providers are overwhelmed by paperwork. The current system isn't working well for anyone, and it's time we take meaningful action to fix it. This commonsense legislation is a necessary step in the right direction," **Senator Hyde-Smith said.**

"Health care providers handling mountains of paperwork takes up valuable time and can unnecessarily delay older folks' access to the crucial care they need," **Senator Kaine said.** *"I'm proud to champion this bipartisan legislation to modernize and streamline health care processes to ensure that Americans covered by Medicare Advantage can more swiftly access care and empower health care providers to direct more of their time to their patients."*

"Quality, expedited medical care should always be within reach for seniors, and our providers deserve a system that helps them focus on delivering it," **Senator Boozman said.** *"I'm pleased to join this bipartisan effort to end the inefficient process that delays Medicare Advantage beneficiaries' evaluations and treatments while removing an unnecessary, bureaucratic burden on clinicians."*

"Doctors and health care providers are too often bogged down by unnecessary burdens, which can lead to delayed care and negative outcomes for patients," **Senator Cornyn said.** *"By streamlining the prior authorization process under Medicare Advantage, this legislation would cut red tape, improve enrollee experiences, and ensure seniors receive the timely care they deserve."*

"Improving the prior authorization process will help seniors have quicker access to the health care they need and remove administrative hurdles for physicians," **Senator Moran said.** *"This legislation would make commonsense changes to better support thousands of seniors in Kansas and remove the red tape that is costing doctors and patients valuable time."*

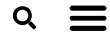
"Senior citizens have spent their entire lives contributing to our communities, and they deserve every resource to support their health and well-being," **Senator Gillibrand said.** *"The Improving Seniors' Timely Access to Care Act will help cut through unnecessary red tape and ensure timely medical care is accessible to older Americans. Seniors should have reliable access to specialist care, mental health support, preventative services, and the treatments they need to live with dignity. I am proud to support this important legislation, and I pledge to continue fighting to expand access to quality, affordable, and timely health care for our seniors."*

"Seniors with Medicare Advantage plans should not have to endure unnecessary delays when seeking medical treatment, and sometimes even life-saving care," **Senator Hirono said.** *"This legislation will help to reduce these arbitrary waiting periods, streamlining prior authorization processes to ensure that health care providers can treat and care for their patients in an efficient manner."*

"North Carolina seniors shouldn't face unnecessary delays when trying to access the care they need through Medicare Advantage," **Senator Tillis said.** *"I'm proud to support this bipartisan, commonsense legislation that streamlines the prior authorization process, cuts red tape for providers, and ensures patients get timely access to treatment."*

U.S. Representatives John Joyce, M.D. (R-Pennsylvania-13), Mike Kelly (R-Pennsylvania-16), Suzan DelBene (D-Washington-01), and Ami Bera, M.D. (D-California-06) introduced companion legislation in the House of Representatives.

This legislation is supported by the Better Medicare Alliance, Humana, and 138 other health care organizations.



*"Prior authorization helps keep health care costs low and ensures seniors are getting the most appropriate care. But the process should be easier. The changes put forth in this legislation are long overdue and will help ensure seniors can get the care they need without delay," **Mary Beth Donahue, President and CEO of Better Medicare Alliance, said.** "We are proud to support this bill and thank Senators Marshall and Warner, and Representatives Kelly, DelBene, Bera, and Joyce for their leadership. We look forward to continued work on this issue with Congress and the Administration."*

*"Humana's job is to ensure our members have access to high quality, affordable healthcare. We support efforts in the House and Senate to move the Seniors' Timely Access to Care Act forward quickly," **Jim Rehtin, Humana CEO, said.** "It is a common-sense approach to making healthcare easier by modernizing the prior authorization process."*

Background:

- Prior authorization is a tool used by health plans to reduce unnecessary care by requiring health care providers to get pre-approval for medical services. However, the current system often results in multiple faxes or phone calls by clinicians, which takes precious time away from delivering care.
- Prior authorization continues to be the number-one administrative burden identified by health care providers, and nearly three out of four (<https://www.ajmc.com/view/the-extent-and-growth-of-prior-authorization-in-medicare-advantage#:~:text=Conclusions%3A%20In%202019%2C%20roughly%203,approaches%20to%20prior%20Advantage%20enrollees%20are%20subject%20to%20unnecessary%20delays%20due%20to%20the%20practice.>) Advantage enrollees are subject to unnecessary delays due to the practice.
- The bill would codify and enhance elements of the Advancing Interoperability and Improving Prior Authorization Processes (e-PA) rule (<https://www.cms.gov/priorities/key-initiatives/burden-reduction/policies-and-regulations/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f>) that was finalized by the Centers for Medicare & Medicaid Services (CMS) on January 17, 2024.
- Last Congress, the bill was supported by a super majority of members in the Senate (60 (<https://regrelief.org/supporters/>)) and a majority in the House (232 (<https://regrelief.org/supporters/>)), and was unanimously passed by the House in 2022.
- In 2018, the Office of the Inspector General at the U.S. Department of Health and Human Services (HHS) raised concerns (<https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf>) after an audit revealed that Medicare Advantage plans ultimately approved 75% of requests that were originally denied.
- In 2022, the HHS Office of Inspector General released a report (<https://oig.hhs.gov/oei/reports/OEI-09-18-00260.pdf>) finding that MA plans incorrectly denied beneficiaries' access to services even though they met Medicare coverage rules.

The *Improving Seniors' Timely Access to Care Act* would:

- Establish an electronic prior authorization process for Medicare Advantage plans, including a standardization for transactions and clinical attachments.
- Increase transparency around Medicare Advantage prior authorization requirements and their use.
- Clarify HHS' authority to establish timeframes for e-prior authorization requests, including expedited determinations, real-time decisions for routinely approved items and services, and other prior authorization requests.
- Expand beneficiary protections to improve enrollee experiences and outcomes.
- Require HHS and other agencies to report to Congress on program integrity efforts and other ways to further improve the e-prior authorization process.
- Result in a zero cost to American taxpayers.

The full text of the legislation can be found here (<https://www.marshall.senate.gov/wp-content/uploads/RIL25535.pdf>).

← (<https://www.marshall.senate.gov/newsroom/press-releases/bill-the-salt-deduction-and-the-golden-domes-defense-system/>)



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Kelly, Colleagues Reintroduce Critical Prior Authorization Reform Bill



May 22, 2025 / [Press Release](#)

WASHINGTON, D.C. -- Yesterday, **Representative Mike Kelly (PA-16)** reintroduced H.R. 3514, the Improving Seniors' Timely Access to Care Act along with Representatives Suzan DelBene (WA-01), and Ami Bera, M.D. (CA-06), and John Joyce, M.D. (PA-13) and Senators Roger Marshall, M.D. (KS) and Mark Warner (VA).

"With nearly 33 million Americans enrolled in Medicare Advantage, modernization of the prior authorization process is long overdue. Lawmakers on both sides of the aisle, hundreds of health care organizations, and Americans from all corners of the country agree – streamlining this process will allow our Nation's seniors to receive the care they are entitled to more efficiently. I am proud to reintroduce the Improving Seniors' Timely Access to Care Act of 2025, which would move the health care sector into the 21st century by giving doctors and Medicare Advantage plans the tools to make health coverage decisions in a timely manner. I thank my House and Senate colleagues for their years of hard work and for joining me on the reintroduction of this critical legislation," **said Representative Mike Kelly (PA-16).**

"We've made important incremental headway in helping seniors get the medical care they deserve with the administration's prior authorization regulations. However, we must go further and enshrine these advancements into law. By passing the bipartisan, bicameral Improving Seniors' Timely Access to Care Act, we can make it much easier for seniors to receive the care they're entitled to while also alleviating unnecessary burdens on physicians and hospitals," **said Congresswoman Suzan DelBene (WA-01).**

"When decisions on patient care are made by bureaucrats with no experience treating patients, care is often delayed or denied altogether, which results in worse outcomes for patients," **said Rep. John Joyce, M.D. (PA-13).** "By streamlining the prior authorization process through the bipartisan Improving Seniors' Timely Access to Care Act, we can ensure that American patients receive the care they need without unnecessary barriers."

"As a doctor, I've seen firsthand how the broken prior authorization process delays needed care and frustrates both seniors and their physicians," **said Representative Ami Bera, M.D. (CA-06).** "The Improving Seniors' Timely Access to Care Act cuts through red tape and makes it easier for seniors on Medicare Advantage to access the treatments and services they need, when they need them. This bipartisan legislation is a common-sense fix that puts patients over paperwork, restores trust in the system and helps physicians focus on delivering quality care. I'm proud to reintroduce this bill alongside my colleagues and am grateful for the broad coalition of support behind it."

BACKGROUND

Prior authorization is a tool used by health plans to reduce unnecessary care by requiring health care providers to get pre-approval for medical services. But it's not without fault. The current system often results in unconfirmed faxes of a patient's medical information or phone calls by clinicians which takes precious time away from delivering quality and timely care. Prior authorization continues to be the #1 administrative burden identified by health care providers, and [three out of four](#) Medicare Advantage enrollees are subject to unnecessary delays due to prior authorization. In recent years, the Office of the Inspector General at the U.S. Department of Health and Human Services (HHS) [raised concerns](#) after an audit revealed that Medicare Advantage plans ultimately approved 75% of requests that were originally denied. More recently, HHS OIG [released a report](#) finding that MA plans incorrectly denied beneficiaries' access to services even though they met Medicare coverage rules.

Health plans, health care providers, and patients agree that the prior authorization process must be improved to better serve patients and reduce unnecessary administrative burdens for clinicians. In fact, leading health care organizations released a consensus statement to address some of the most pressing concerns associated with prior authorization.

Specifically, the bill would:

- Establish an electronic prior authorization process for MA plans including a standardization for transactions and clinical attachments.
- Increase transparency around MA prior authorization requirements and its use.
- Clarify HHS' authority to establish timeframes for e-prior authorization requests including expedited determinations, real-time decisions for routinely approved items and services, and other prior authorization requests.
- Expand beneficiary protections to improve enrollee experiences and outcomes.
- Require HHS and other agencies to report to Congress on program integrity efforts and other ways to further improve the e-PA process.
- Previously, Rep. Kelly led similar legislation in the 118th Congress. The Improving Seniors' Timely Access to Care Act unanimously passed the House in the 117th Congress and was cosponsored by a majority of members in the Senate and House of Representatives.

The bill text can be found [here](#) and a section-by-section can be found [here](#).

Issues: [Health Care](#)

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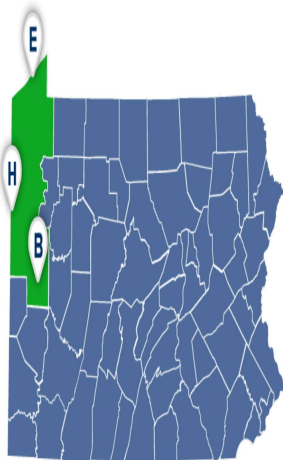
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Rep. Bera, Colleagues Reintroduce Bipartisan Improving Seniors' Timely Access to Care Act

Wednesday, May 21, 2025

Today, **U.S. Representative Ami Bera, M.D. (D-CA-06)** reintroduced the *Improving Seniors' Timely Access to Care Act* alongside **Representatives Mike Kelly (R-PA-16), Suzan DelBene (D-WA-01), John Joyce, M.D. (R-PA-13), and Senators Roger Marshall, M.D. (R-KS) and Mark Warner (D-VA)**. This bipartisan, bicameral legislation streamlines the outdated prior authorization process in Medicare Advantage (MA).

With nearly 33 million Americans enrolled in Medicare Advantage, the bill updates a system that has become a top administrative burden for providers and a barrier to timely care. Audits by the Department of Health and Human Services Inspector General have found that Medicare Advantage plans subjected enrollees to [unnecessary delays](#), incorrectly [denied](#) medically necessary care, and ultimately approved [75% of requests](#) that were initially denied.

"As a doctor, I've seen firsthand how the broken prior authorization process delays needed care and frustrates both seniors and their physicians," **said Representative Ami Bera, M.D. (CA-06)**. "The *Improving Seniors' Timely Access to Care Act* cuts through red tape and makes it easier for seniors on Medicare Advantage to access the treatments and services they need, when they need them. This bipartisan legislation is a common-sense fix that puts patients over paperwork, restores trust in the system and helps physicians focus on delivering quality care. I'm proud to reintroduce this bill alongside my colleagues and am grateful for the broad coalition of support behind it."

The bill would:

- Require MA plans to adopt an electronic prior authorization (e-PA) system with standardized transactions
- Improve transparency around MA Prior Authorization use and requirements
- Clarify HHS' authority to set timelines for determinations, including real-time decisions for routine items
- Mandate HHS and other agencies report on oversight and further improvements to the e-PA process

The bill continues to draw widespread backing. In the 117th and 118th Congresses, it was endorsed by more than 500 organizations representing patients, providers, medical technology innovators, biopharmaceutical companies, and health plans.

The bill text can be found [here](#).

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