

Congress of the United States

Washington, DC 20515

March 27, 2026

The Honorable Robert Aderholt
Chairman
House Committee on Appropriations Subcommittee
on Labor, HHS, Education, and Related Agencies
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Committee on Appropriations Subcommittee
on Labor, HHS, Education, and Related Agencies
Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro:

As you prepare the Fiscal Year (FY) 2027 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations bill, we respectfully request that you include language prohibiting implementation of the Centers for Medicare and Medicaid Services (CMS) Wasteful and Inappropriate Service Reduction (WISeR) Model, or any related model that would introduce prior authorization into traditional Medicare.

On June 27, 2025, CMS announced plans to implement the WISeR pilot in New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington, beginning January 1, 2026. This pilot program contracts private companies, using artificial intelligence (AI), to utilize prior authorization on essential medical services and devices, including stimulator services used to treat Parkinson's and other tremors; treatments for chronic back and other pain, including induced lesions of nerve tracts, epidural steroid injections, vertebral augmentation, and lumbar decompression; nerve stimulation to treat sleep apnea; incontinence control devices; skin and tissue substitutes used to treat wounds, and more.

Traditional Medicare has rarely required prior authorization. This is vastly different in Medicare Advantage, in which beneficiaries are regularly subjected to prior authorization, as documented by the Department of Health and Human Services (HHS) Office of Inspector General (OIG) and CMS.¹ While prior authorization is often described as a cost-containment strategy, in practice it increases provider burden, takes time away from patients, limits patients' access to life-saving care, and creates unnecessary administrative burden. Many patients choose Traditional Medicare because they know their care will be determined by their doctors and not by insurance companies.

The use of prior authorization has steadily increased, with Medicare Advantage insurers making roughly 50 million prior authorization determinations in 2023.² A 2018 HHS OIG report found that 75% of denied prior authorization requests were overturned upon appeal, suggesting inappropriate initial denials were widespread.³ A 2022 HHS OIG report further revealed that MA plans frequently violated Medicare coverage rules in their use of prior authorization. HHS OIG has investigated plans and their contractors because prior authorization can be profit-seeking.⁴

¹ <https://oig.hhs.gov/reports/all/2022/some-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care/>

² <https://www.kff.org/medicare/issue-brief/nearly-50-million-prior-authorization-requests-were-sent-to-medicare-advantage-insurers-in-2023/>

³ <https://oig.hhs.gov/reports/all/2018/medicare-advantage-appeal-outcomes-and-audit-findings-raise-concerns-about-service-and-payment-denials/>

⁴ <https://oig.hhs.gov/reports/all/2022/some-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care/>

It is also troubling that WISeR contractors, those actually doing the prior authorization, are compensated via a percentage of the dollar value of the services they deny. This payment mechanism clearly creates a perverse incentive to deny care, putting traditional Medicare beneficiaries at greater risk of not receiving needed care.

Prior authorization has long been abused. It is bad for patients and providers. The WISeR Model only perpetuates the harm that prior authorizations can cause. In an effort to protect Traditional Medicare beneficiaries' access to care, we urge the Committee to include the following language in the FY27 LHHS Appropriations bill.

Sec. ____ . None of the funds made available in this or any other Act, including prior Acts and laws other than appropriations Acts, may be used to implement CMS-5056-N, "Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model," or any such model that implements prior authorizations in traditional Medicare.

Sincerely,



Suzan K. DelBene
Member of Congress



Ami Bera, M.D.
Member of Congress



Lloyd Doggett
Member of Congress



Greg Landsman
Member of Congress



Rick Larsen
Member of Congress



Alexandria Ocasio-Cortez
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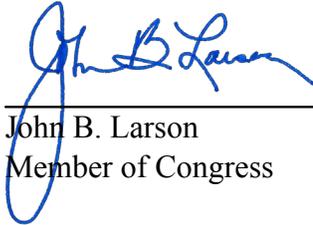
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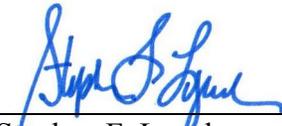
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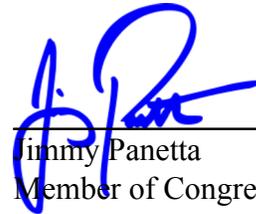
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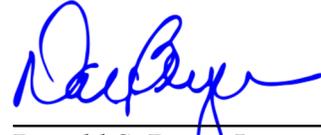
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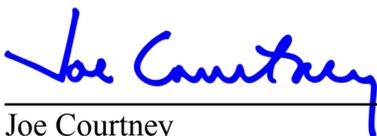
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