

# Congress of the United States

Washington, DC 20515

January 14, 2026

The Honorable Mike Johnson  
Speaker  
U.S. House of Representatives

The Honorable John Thune  
Majority Leader  
United States Senate

The Honorable Tom Cole  
Chair  
House Appropriations Committee

The Honorable Susan Collins  
Chair  
Senate Appropriations Committee

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives

The Honorable Chuck Schumer  
Minority Leader  
United States Senate

The Honorable Rosa DeLauro  
Ranking Member  
House Appropriations Committee

The Honorable Patty Murray  
Vice Chair  
Senate Appropriations Committee

Dear Speaker Johnson, Leader Jeffries, Majority Leader Thune, Minority Leader Schumer, Chairman Cole, Ranking Member DeLauro, Chair Collins, Vice Chair Murray:

We write to urge you to include in any final Fiscal Year 2026 (FY26) funding agreement 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 will contract 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.

While we support innovation, efficiency, and eliminating waste, we are concerned that this pilot will delay care for essential services to treat pain, injuries, and chronic conditions. Such issues are well documented. A 2018 Department of Health and Human Services Office of Inspector General (OIG) report found that 75 percent of denied prior authorization requests in Medicare Advantage (MA) were overturned upon appeal, suggesting initial denials were often unfounded, and a 2022 OIG report revealed that MA plans routinely use prior authorizations to deny access to services, even when those services meet Medicare coverage guidelines. These denials delay patient access to care while creating unnecessary administrative burdens for providers—taking them away from caring for patients. We are concerned that expanding the prior authorization process to traditional Medicare could have similar results.

In response to these concerns, during the September 9, 2025 markup of the FY26 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations Bill, the House Appropriations Committee

unanimously adopted an amendment prohibiting implementation of the WISER model, or any related model that implements prior authorization in traditional Medicare. LHHS Chairman Aderholt spoke in support of the amendment.

As you continue working towards a final FY26 funding agreement, we urge you to include this or related language to prohibit the implementation of this pilot and to protect patient care.

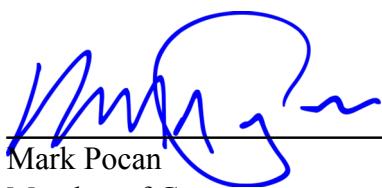
Sincerely,



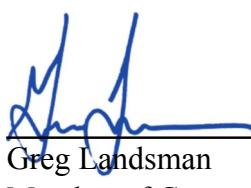
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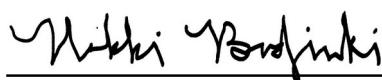
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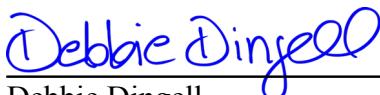
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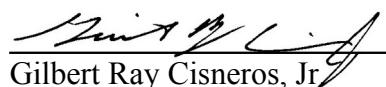
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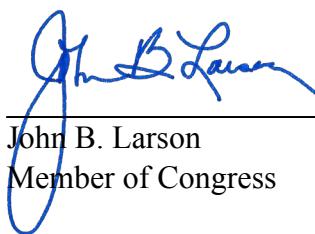
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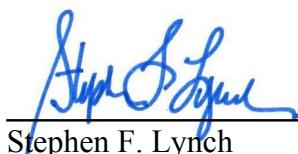
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