

United States Senate

WASHINGTON, DC 20510-1011

April 21, 2026

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
Washington, DC 20510

Dear Senator Wyden,

No American should be delayed or denied needed health care. It is unacceptable that Americans, who are paying record premiums to insurers making record profits in the world's richest country, are nevertheless denied medically necessary care. The abuse of "prior authorization" practices has led to Georgians being denied life-saving medication and waiting months for the care they need—all at the whim of insurance companies. This requires us to act in defense of our constituents' health.

I commend you for your recent appeal to all U.S. Senators to address the abuse of "prior authorization" practices. Time spent battling middlemen for needed care is precious time lost during a health crisis. Recent polling found that one in three insured adults in the U.S. consider prior authorization to be the single biggest burden they face getting health care.¹ The consequences of having a service or claim denied is serious. A study by Johns Hopkins earlier this year concluded that "authorization requirements were associated with disease exacerbation, preventable hospitalization, prolonged hospital stay, and lower rates of disease-free survival."²

Consider this: in 2024, 4 million Medicare Advantage "prior authorization" requests were denied. While only 471,500 claims were appealed, 80.7% of them were partially or fully overturned.³ But few patients have the time, power, or know-how to fight insurance companies by appealing improper denials of care—so instead they go without care or pay out of pocket, despite having "health coverage." In 2024, more than 85 million ACA in-network claims were denied, but less than 1% of those denials were appealed.⁴

In support of your efforts on behalf of American patients and families, I am calling on the Senate to take up legislation that will end the abusive denial or delay of medically necessary health care. At minimum,

¹ KFF, *Prior Authorizations Rank as Public's Biggest Burden When Getting Health Care*.

<https://www.kff.org/public-opinion/kff-health-tracking-poll-prior-authorizations-rank-as-publics-biggest-burden-when-getting-health-care/> (February, 2, 2026).

² Murphy, J., et al, *Adverse effects of health plan prior authorization on clinical effectiveness and patient outcomes: A systematic review*. (2025). *The American Journal of Medicine*, 139, 24-32.e1

³ KFF, *Medicare Advantage Insurers Made Nearly 53 Million Prior Authorization Determinations in 2024*.

<https://www.kff.org/medicare/medicare-advantage-insurers-made-nearly-53-million-prior-authorization-determinations-in-2024/#6e420acb-2fc1-4707-8689-ac19594e493a> (January 28, 2026).

⁴ KFF, *Claims Denials and Appeals in ACA Marketplace Plans in 2024*. <https://www.kff.org/patient-consumer-protections/claims-denials-and-appeals-in-aca-marketplace-plans-in-2024/> (March 24, 2026).

such legislation should hold insurance companies accountable for improper denials of care, mandate immediate response from insurance companies to requests for authorization, and prohibit retroactive denials of authorization except in cases of fraud or misrepresentation.

I look forward to working with you to ensure Americans have timely access to the health care services they need.

Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jon Ossoff", is written over a horizontal line.

Jon Ossoff
United States Senator