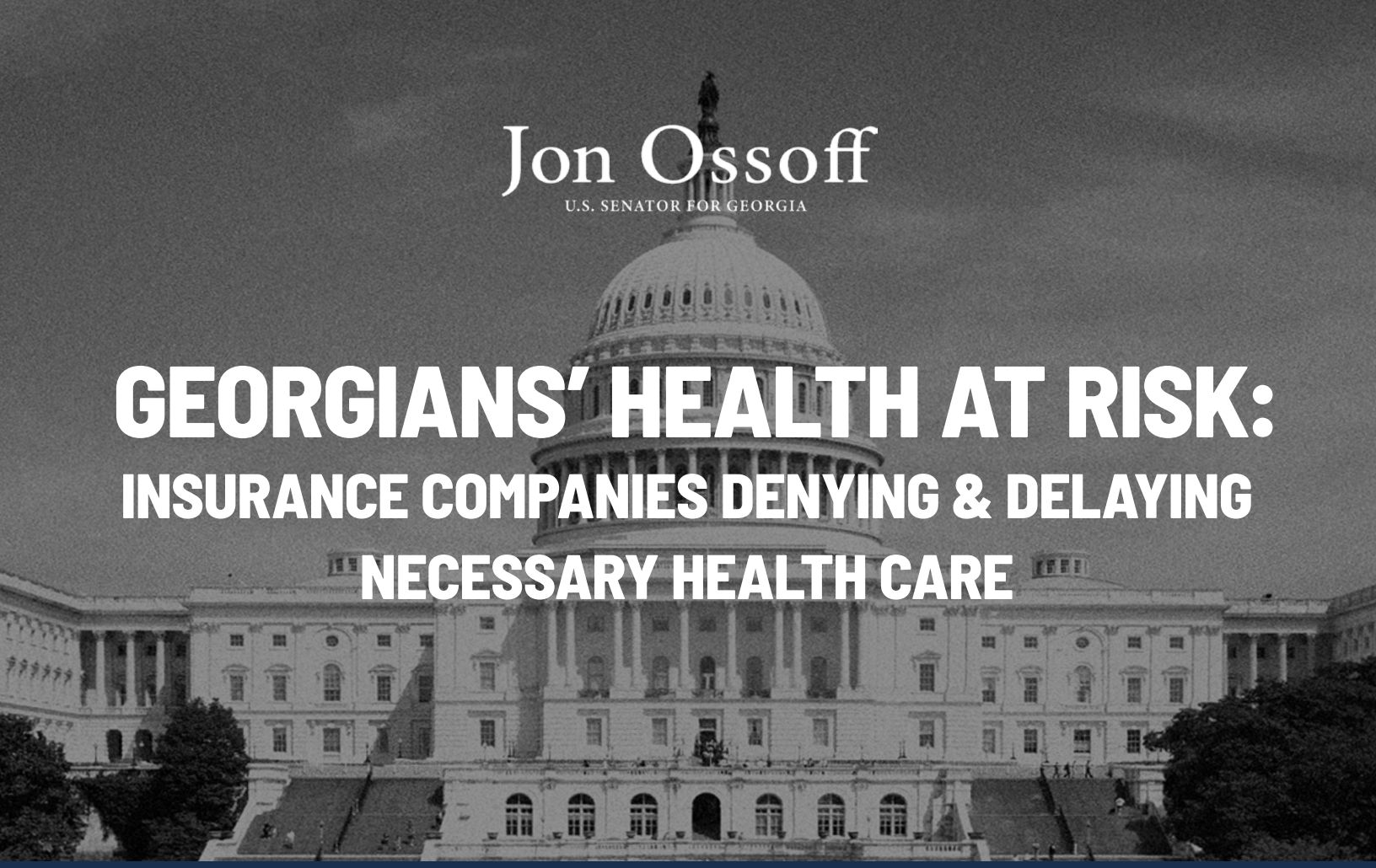

Jon Ossoff

U.S. SENATOR FOR GEORGIA

GEORGIANS' HEALTH AT RISK:

INSURANCE COMPANIES DENYING & DELAYING NECESSARY HEALTH CARE

U.S. Senator Jon Ossoff is continuing his investigation into the impact of rising health care costs, rising insurance premiums, prior authorization issues, and Medicaid cuts on Georgia patients. This third staff report highlights reports that the Senator's staff has received from dozens of Georgia patients who have reported that prior authorization issues have resulted in delays and denials of medically necessary health care, leading, in some cases, to untreated life-threatening conditions and severe financial hardship.

Prepared by Staff of Senator Jon Ossoff

September 18th, 2026

I. Executive Summary

U.S. Senator Jon Ossoff is continuing his investigation into the impact of rising health care costs, rising insurance premiums, prior authorization issues, and Medicaid cuts on Georgia patients, families, and health care providers. On July 6, 2026, Senator Ossoff released a first staff report with stories of Georgians becoming sicker and losing their health insurance since the Affordable Care Act's Enhanced Premium Tax Credits ("enhanced ACA tax credits") expired. On August 31, 2026, Senator Ossoff released a second staff report focused on Georgians who have suffered delays or denials of medically necessary health care due to issues with "prior authorization," where a health insurance company must approve a specific medical procedure, treatment, or medication before it can be covered.

This third staff report continues the Senator's investigation and highlights reports that the Senator's staff has received from dozens of Georgia patients who have reported that prior authorization issues have resulted in delays and denials of medically necessary health care, leading, in some cases, to untreated life-threatening conditions and severe financial hardship.

As detailed in Section III, the Senator's findings in this staff report include:

- Georgia patients report experiencing extremely painful symptoms after their insurance companies have denied authorization for procedures and treatments—including a woman whose insurance company would not cover an urgent surgery, leaving her too unwell to travel to see her son.

- Delays in medically necessary health care procedures have threatened Georgians' health and have lowered their quality of life, including a medical student who is experiencing up to 20 migraines each month due to delays in authorization for her migraine medication.

Senator Ossoff's investigation into rising health care costs is active and ongoing. If you are a Georgia patient or provider who wishes to speak with a member of the Senator's staff, please visit Ossoff.senate.gov/HealthStory.

II. Background

Senator Ossoff launched an investigation into the impact of rising health care costs on Georgia patients, families, and health care providers in January 2026, after Republicans allowed the enhanced Affordable Care Act (ACA) tax credits to expire on December 31, 2025, and made cuts to Medicaid as part of the "One Big Beautiful Bill Act." The Senator's staff has received reports from dozens of Georgia patients who have reported rising health care costs, reduced or loss of coverage, and delayed health care since the enhanced ACA tax credits expired, and from providers who report that their patients' care is being delayed due to rising costs. These findings are detailed in the Senator's initial staff report in this investigation.[1]

Senator Ossoff has been working to prevent insurance companies from delaying or denying medically necessary health care to Georgia families. In April, Senator Ossoff first offered an amendment to a large spending bill to prevent insurance companies from denying or delaying needed care, but Senate Republicans blocked his amendment.[2] Then again in June, Senator Ossoff offered another amendment to prevent insurance companies from denying or delaying needed health care but was again blocked by Republicans.[3] As part of the Senator's ongoing investigation, the Senator's staff has now received dozens of reports from Georgians focused on prior authorization issues that led to life-threatening conditions and severe suffering, including for children and Georgians with disabilities. The Senator released a second report detailing these accounts on August 31.[4] This staff report, the third report in the Senator's ongoing investigation, reveals even more harmful impacts on Georgians from prior authorization issues.

The accounts described within this report are all based upon statements made to the Senator's office or interviews with the Senator's office by impacted patients and families.

1 https://www.ossoff.senate.gov/wp-content/uploads/2026/07/26.07.06_LOSS-OF-ACA-TAX-CREDITS-%E2%80%94-GEORGIANS-GETTING-SICKER-HIGHER-COSTS-LOSS-OF-HEALTH-CARE.pdf.

2 https://www.ossoff.senate.gov/press-releases/watch-republicans-block-sen-ossoffs-amendment-to-prevent-insurance-companies-from-denying-or-delaying-needed-health-care/..

3 https://www.ossoff.senate.gov/press-releases/video-republicans-block-sen-ossoffs-amendment-to-prevent-insrance-companies-from-denying-or-delaying-needed-health-care/.

4 https://www.ossoff.senate.gov/wp-content/uploads/2026/08/26.08.31_Sen.-Ossoff-Report%E2%80%94Insurance-Companies-Denying-Necessary-Health-Care.pdf

III. Findings

Since January 2026, the Senator's staff has received dozens of reports from Georgia patients that prior authorization issues have prolonged their painful symptoms, threatened their health, and diminished their quality of life.

A. Georgia Patients Report Denials of Needed Health Care Procedures, Prolonging Painful Symptoms

- Mary McPhail, based in Warner Robins, is a retired teacher who has osteoarthritis, which she reports has led to unbearable knee pain. Her orthopedist prescribed an FDA-approved knee implant, which he reportedly described as medically necessary, instead of having a more invasive knee surgery. The implant itself costs $10,000-$12,000 out of pocket, notwithstanding the procedure to insert it. However, her insurance company refused to cover the cost of the implant, allegedly claiming that the implant was "too experimental." Mrs. McPhail reported that her insurance company denied coverage of the implant three times. She says her osteoarthritis has prevented her from completing daily tasks, like running errands, and from traveling with her husband and playing with her grandchildren.

- Patricia Moore, based in Valdosta, has been suffering from a pinched nerve in her spine for over a year. She has received multiple injections to ease her pain and, last year, she received two MRIs with two different surgeons, both of whom recommended that she receive an urgent surgery. However, her insurance company refused to cover the cost of the surgery, reportedly requiring that Mrs. Moore attend several weeks of physical therapy and stating that her pinched nerve was not yet "severe" enough to require surgery. Mrs. Moore did physical therapy for four weeks, and reports that it increased her pain. She has "drop foot" in her left foot due to the nerve damage, which makes her prone to tripping. Her physical therapist determined that physical therapy will not alleviate her symptoms. Mrs. Moore reports that her pain has "taken over her whole life." She struggles to stand in the kitchen, she can barely get up from the toilet, and she has not been able to travel to see her son in Indiana since 2025. She feels depressed and is experiencing financial stress, as the physical therapy visits were not fully covered by her insurance. Her doctor submitted an appeal to the

insurance company to authorize the spine surgery, but the appeal was denied in August. Mrs. Moore reports that she has been fighting with the insurance company since May to authorize the surgery her doctor says she needs and says she "no longer has any will to get up in the morning because no one wants to help [her]."

• Makita Thatcher, based in Macon, was injured in a car accident when she was eighteen years old. Today, at 34 years old, she struggles with pain from her injuries. Her doctor has recommended that she receive rehabilitation services to lessen her pain and to preserve her mobility. Her insurance company has repeatedly denied authorization for the rehabilitation services, and Ms. Thatcher is worried about whether her injury will worsen in the future and what to do if she is re-injured.

• R. Garry Glenn, based in Oakwood, struggles with pain from osteoarthritis, particularly in his knee, and has previously received several surgeries. To manage the pain, Mr. Glenn's doctors have prescribed hyaluronic acid gel injections in his knee. When Mr. Glenn switched his insurance company last year, he says it "took forever" to get prior authorization for his next injection, leading to a six-week period in which Mr. Glenn waited for his injection and experienced limping and chronic knee pain.

B. Georgia Patients Report Delays in Medically Necessary Health Care Procedures Have Lowered Their Quality of Life

• Medha Kallem, based in Atlanta, is a medical student who has severe migraines. Without her medication, she reports that she experiences as many as 20 migraines each month, but that number is reduced to only about two migraines when she can take her medication. She reports that her insurance company has failed to timely authorize her medication, leading to gaps in her treatment that have affected her academic performance and led her to have to limit her travel, social plans, and time with her family.

• A Georgia woman with a long history of HPV-related cervical disease reported that a transvaginal ultrasound in 2025 found concerning uterine abnormalities given her history of high-risk HPV-related precancerous growths. The woman reported that her physician attempted to obtain tissue in her uterus but was unable to do so because the scarring was so

dense that further dissection risked injuring the bladder. In December 2025, her physician ordered a diagnostic MRI, describing it as the most reliable way to determine whether cancer was present, particularly because the scarring may have limited the accuracy of the earlier ultrasound. Her insurer denied the MRI, stating she first needed a transvaginal ultrasound; her physician documented that the ultrasound had already been performed and resubmitted the request, which was denied again, this time on the grounds that a CT scan was required first. A third MRI request was denied. Her physician ordered a CT scan in February 2026, which the insurer denied twice on the basis that there was "no indication of cancer," despite the abnormal ultrasound, the failed dilation and curettage ("D&C"), and the inability to perform a Pap smear. The insurer finally approved the CT scan in June 2026, but only after her physician appealed through peer-to-peer review and explained that imaging was the sole remaining diagnostic avenue. The MRI was never authorized. She reports that her gynecological oncologist is not confident that the CT scan provided enough definitive information and has again requested authorization for an MRI. She says that the repeated denials for medically necessary healthcare have caused her mental anguish and undue stress. It has been a year since her doctor first requested an MRI to rule out cancer, and she is still waiting.

- A Georgia mother who has struggled with lifelong menstrual cycle issues has suffered severe pain and daily periods. She sought to receive a hysterectomy and has spent almost three years trying to obtain prior authorization. She reports her insurance company has repeatedly denied authorization, wanting her to "fail" all "conservative" treatments, such as different forms of birth control—none of which have helped—before approving the procedure.
- A Georgia woman reports that she was born with a disability and uses a wheelchair daily for all mobility. Her insurance company has taken as long as one year to approve new parts for her wheelchair, which has impacted her abilities to move, work, and care for herself.