



American College of Osteopathic Internists • Stay True to Why You Pursued Medicine

April 30, 2025

The Honorable Mark Green  
U.S. House of Representatives  
2446 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Kim Schrier  
U.S. House of Representatives  
1110 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Greg Murphy  
U.S. House of Representatives  
407 Cannon House Office Building  
Washington, D.C. 20515

Dear Congressman Green, Congresswoman Schrier and Congressman Murphy:

The American College of Osteopathic Internists (ACOI) appreciates your efforts to ensure Medicare beneficiaries receive access to recommended care in a timely manner and is why we are pleased to endorse the *Reducing Medically Unnecessary Delays in Care Act of 2025* (H.R. 2433).

The use of prior authorization by health insurers, including Medicare Advantage (MA) plans, by all accounts is getting worse. The vast majority (94 percent) of physicians who responded to a [2024 American Medical Association \(AMA\) survey](#) said health plans' use of prior authorization resulted in delays in patients' access to necessary care. Nearly one in four reported this led to a serious adverse health event for one or more of their patients.

Medicare beneficiaries deserve the assurance that prior authorization reviews and decisions are being made by someone who is experienced in their condition and recommended treatment. ACOI supports the requirements in your bill that preauthorizations and adverse determinations would need to be made by a physician who "possesses a current and valid non-restricted license to practice medicine in a State, and must be board certified or eligible under the rules and guidelines of the American Board of Medical Specialties or American Osteopathic Association in the same specialty as the health care provider who typically manages the medical condition or disease or provides the health care service."

ACOI also strongly supports that your bill requires MA and prescription drug plans obtain input from actively practicing physicians when creating or updating the clinical criteria being used for prior authorization reviews. Requiring the involvement of physicians who have expertise in areas where clinical criteria are being employed will help prevent patient harm from an adverse decision made based on clinical criteria that do not reflect current medical guidelines, scientific literature or standards of care.

The Centers for Medicare and Medicaid Services has made several regulatory changes aimed at ensuring those covered by MA plans can access the same medically necessary care they would receive under Traditional Medicare and without disruptions and delays in accessing that care. However, more legislative and regulatory actions are needed.

We applaud your leadership on this important topic and stand ready to work with you toward passage of the much-needed and common-sense reforms contained in H.R. 2433. Should you have any questions, please contact Tim McNichol, ACOI Deputy Executive Director, at [tmcnichol@acoi.org](mailto:tmcnichol@acoi.org) or (301) 231-8877.

Sincerely,

A handwritten signature in black ink that reads "Susan Enright".

Susan M. Enright, DO, MACOI  
President, American College of Osteopathic Internists