

September 19, 2025

The Honorable Julie Johnson  
U.S. House of Representatives  
221 Cannon House Office Building  
Washington, DC 20515

The Honorable Mike Kennedy, MD  
U.S. House of Representatives  
1626 Longworth House Office Building  
Washington, DC 20515

Dear Representatives Johnson and Kennedy:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in support of the Patient Access to Autoimmune Treatments (PAAT) Act. This bipartisan legislation requires Medicare Part D plans to include covered drugs indicated and prescribed for autoimmune diseases and blood disorders, including but not limited to hemophilia, and Von Willebrand disease, and limits prior authorization frequency for these drugs with narrow exceptions. The prohibition applies across Medicare Advantage prescription drug plans, as well as standalone Part D plans.

The PAAT Act is an important step towards reducing unnecessary administrative burden on patients dealing with chronic diseases and their treating physicians. The legislation still preserves prior authorization guardrails, while simultaneously complementing ongoing efforts to modernize this particular utilization management technique across Medicare Advantage and Part D.<sup>1</sup> This bill streamlines overarching prior authorization processes by limiting reviews for these therapies to a single decision within a 12-month period. This crucial policy change would prohibit mid-plan year prior authorization requests, lower resubmission volume and call or portal traffic, and keep refill and renewal workflows on track. The PAAT Act also includes common-sense, narrow exceptions, specifically pharmaceuticals prescribed for less than a year; opioids, benzodiazepine, barbiturates, or carisoprodol; or drugs that have a Food and Drug Administration mandated Risk Evaluation and Mitigation Strategy. Overall, the legislation strikes an effective balance between allowing plans to continue to use prior authorization while minimizing the risk of care delays for patients with chronic disease and reducing paperwork churn, thus providing welcome relief for small and rural practices that lack dedicated prior authorization staff.

Importantly, this bill protects patients with chronic autoimmune diseases and blood disorders from the repetitive prior authorizations that can disrupt care and lead to negative treatment outcomes. In a 2024 AMA physician survey, an overwhelming majority (89 percent) of physicians reported that prior authorization interferes with continuity of care, with more than three in five (61 percent) physicians saying that the process at least sometimes destabilizes a patient whose condition was previously stabilized on a specific treatment plan.<sup>2</sup> These care disruptions can be dangerous, with over one-quarter (29 percent) of physicians reporting that prior authorization has led to a serious adverse event (hospitalization, disability, or even death) for a patient in their care.

In addition to these patient harms, prior authorization has become a significant administrative burden for physician practices. AMA survey data show that physicians complete an average of 39 prior authorizations each week, consuming about 13 hours of combined physician and staff time, and 40

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<sup>1</sup> <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf>.

<sup>2</sup> <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>.

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percent of physicians report employing staff who work exclusively on prior authorization.<sup>3</sup> Much of the process remains manual, with phone calls and faxes still the most common methods utilized to meet plan requirements. Volume growth has compounded these pressures in Medicare Advantage, driving repeated resubmissions, appeals, and call or portal traffic that pull scarce personnel away from patient-facing work. These effects are most pronounced in rural and underserved communities where lean teams must choose between cycling paperwork and tending to patients.

The AMA deeply appreciates your ongoing efforts on this issue, and we applaud the introduction of this legislation in the 119th Congress. Please reach out to me directly at 312-464-5288 or [John.Whyte@ama-assn.org](mailto:John.Whyte@ama-assn.org) if you have questions or need further information.

Sincerely,

A handwritten signature in black ink, appearing to read "John Whyte", written in a cursive style.

John Whyte, MD, MPH

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<sup>3</sup> <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>