



Reduce the Burden of Utilization Management

Take Action to Avoid Necessary Care Delays and Denials

Intended as cost-containment tools, utilization management (UM) strategies such as prior authorization (PA) and step therapy protocols impose a significant and well-documented toll on patient care. More than [90% of physicians](#) report that PA requests have delayed medically necessary care and more than [one in four](#) say these delays resulted in a serious adverse event for a patient under their care.¹ Step therapy protocols—requiring patients to first try a plan-preferred, less effective medication before accessing the prescribed alternative—similarly increase health risks by [delaying appropriate treatment](#) for weeks or even months.² These hurdles can lead to unmanaged symptoms, delays in meeting guideline-directed treatment goals, preventable disease progression, and erosion of trust between patients and providers. For patients with cardiovascular disease, these consequences can be catastrophic when delays or disruptions in care can mean the difference between life and death.

UM practices also place a heavy administrative burden on clinicians and adds to financial pressures facing health providers trying to keep up with demand, which often falls hardest on small and mid-sized practices that serve rural and underserved communities. Physicians report completing an average of [39 PA requests per week](#), consuming roughly 13 hours of non-patient-facing administrative time.³ This burden fuels clinician dissatisfaction, escalates staffing costs, and strains a workforce already under pressure.⁴ With a [projected shortfall](#) of nearly 9,000 cardiologists in the coming years, reducing unnecessary UM requirements is critical to alleviating burnout and ensuring clinicians can focus on what they do best: providing high-quality, timely care.⁵

Federal Policy Solutions to Prevent UM Disruptions and Timely Access to Care

The Association of Black Cardiologists (ABC) supports leading legislative proposals introduced during the 119th Congress that aim to reduce barriers to medically necessary care and alleviate burdens on clinicians and healthcare practices of all sizes. These include:

- The Improving Seniors' Timely Access to Care Act (S.1816/H.R.3514), would modernize the broken PA process currently used by Medicare Advantage (MA) plans. The bill would establish an electronic PA standard to help streamline approvals, increase transparency and reporting requirements, and help facilitate timely decision-making to avoid care delays.⁶
- The Safe Step Act (H.R.5509/S.2903), would require employer-sponsored health plans to provide a clear process for seeking step therapy exceptions to ensure timely access to critical medications and treatments.⁷

ENDORSEMENT: The Association of Black Cardiologists (ABC) calls upon Congress to enact the Improving Seniors' Timely Access to Care Act and the Safe Step to ensure medically necessary care is within reach for millions of Americans in need without delay or disruption.

About ABC: *Founded in 1974, ABC is a nonprofit organization with a global membership, including health professionals, community health advocates, and institutional members. The Association's mission is to promote the prevention and treatment of cardiovascular disease (CVD), including stroke, in Black populations and other groups facing barriers to optimal health. Through education, research, partnerships, and advocacy, the Association works to advance cardiovascular health and improve outcomes in communities nationwide.*

¹ Prior authorization physician survey and progress report. American Medical Association. July 2025.

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

² The impact of step therapy on individuals with psoriatic disease in the USA: Patient and provider perspectives. Dermatology and Therapy. July 2025. <https://doi.org/10.1007/s13555-025-01430-1>

³ Prior authorization physician survey and progress report. American Medical Association.

⁴ Ibid.

⁵ Health Workforce Projections. Health Resources & Services Administration. November 2024.

<https://bhwa.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

⁶ Rep. Bera, Colleagues Reintroduce Bipartisan Improving Seniors' Timely Access to Care Act. May 2025.

<https://bera.house.gov/news/press-releases/rep-bera-colleagues-reintroduce-bipartisan-improving-seniors-timely-access-to-care-act>; Warner, Marshall Introduce Bill to Improve Seniors' Access to Care. May 2025.

<https://www.warner.senate.gov/public/index.cfm/2025/5/warner-marshall-introduce-bill-to-improve-seniors-access-to-care>

⁷ McBath, Allen Lead Bipartisan Safe Step Act. September 2025. <https://mcbath.house.gov/2025/9/mcbath-allen-lead-bipartisan-safe-step-act>. The Senate companion legislation is [S. 2903](#).