



## **The Association of Black Cardiologists**

### **Statement for the Record**

#### **House Committee on Ways and Means Subcommittees on Health and Oversight**

#### **“Medicare Advantage: Past Lessons, Present Insights, and Future Opportunities”**

**July 22, 2025**

On behalf of the Association of Black Cardiologists (ABC), we applaud the House Ways and Means Committee Joint Health and Oversight Subcommittee for convening this important hearing on opportunities to improve the Centers for Medicare and Medicaid Services (CMS) Medicare Advantage (MA) program for beneficiaries, providers, and taxpayers. We appreciate your leadership in bringing national attention to how common cost-containment tools used by MA plans—such as prior authorization (PA) and step therapy—create and exacerbate barriers to care for millions of beneficiaries enrolled in MA plans.

#### **MA is a Lifeline to Care, Including for Those with Heart Disease**

The MA program provides insurance coverage to more than 34.1 million Americans—over half of all Medicare beneficiaries—including many living with cardiovascular disease (CVD).<sup>1</sup> One in five MA enrollees are in Special Needs Plans (SNPs).<sup>2</sup> The majority of SNP enrollees (83%) are in plans designed to support low- and moderate-income individuals who are dually eligible for Medicare and Medicaid, while another 16% are enrolled in plans for individuals with specific chronic or disabling conditions, including chronic heart failure, coronary artery disease, arrhythmias, and other serious cardiac disorders.<sup>3</sup> Enrollment in MA plans continues to grow year over year, and the Congressional Budget Office projects that 64% of eligible Medicare beneficiaries will be enrolled in a MA plan by 2034.<sup>4</sup>

Given the rapid growth in MA and its critical role in providing healthcare coverage to millions of Americans, especially to vulnerable and medically complex beneficiaries, it is essential that MA plans’ policies, procedures, and practices do not thwart timely access to evidence-based care or place unnecessary administrative burdens on patients and providers. We share the Subcommittees’ concerns that the MA program is increasingly prioritizing cost containment over clinically appropriate, medically necessary, and timely care. Utilization management (UM) practices such as prior authorization (PA) requests and

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<sup>1</sup> Ochieng, N., Freed, M., Fuglesten Biniek, J., Damico, A., & Neuman, T. Medicare Advantage in 2025: Enrollment update and key trends. KFF. July 2025. <https://www.kff.org/medicare/issue-brief/medicare-advantage-enrollment-update-and-key-trends/>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

step therapy not only disrupt care but also drive up costs, worsen patient outcomes, and place significant strain on healthcare providers.

- **Prior Authorization requirements** are imposed on almost all MA enrollees (99%)., and in 2023 alone, insurers fully or partially denied more than three million treatment requests.<sup>5</sup>
- **Step therapy protocols**—which require patients to “fail first” on a lower-cost medication before accessing the prescribed treatment—further delay care and undermine clinical decision-making.

Individuals with CVD enrolled in MA are more likely to experience financial hardship due to medical bills than those covered under traditional fee-for-service Medicare.<sup>6</sup> Taken together, these trends underscore the need for Congress to explore reforms that strengthen affordability, facilitate access, and ensure continuity of care for beneficiaries enrolled in the MA program.

### **UM Causes Direct Patient Harm and Increases Costs**

UM practices have a significant and well-documented toll on patient care. According to a survey by the American Medical Association, more than 90% of physicians reported that PA requests resulted in delays to medically necessary care, and 29%—nearly one in four—said these delays led to a serious adverse event for a patient under their care.<sup>7</sup> Additionally, 23% of physicians reported that PA had resulted in a patient’s hospitalization; 18% said it led to a life-threatening event or required intervention to prevent permanent additional harm; and 8% indicated that PA contributed to disability, permanent bodily damage, birth defects, or even death.<sup>8</sup>

Similarly, treatment delays caused by step therapy protocols can increase health risks and contribute to poorer health outcomes. The mandated “step” period—the time a patient is required to try a plan–preferred, less effective medication before accessing the prescribed alternative—can significantly delay appropriate care. These protocols vary widely across MA plans and may last weeks or even months. Research shows that step therapy often

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<sup>5</sup> Fuglesten Biniek, J., Sroczynski, N., Freed, M., & Neuman, T. Medicare Advantage insurers made nearly 50 million prior authorization determinations in 2023. KFF. January 2025. <https://www.kff.org/medicare/issue-brief/nearly-50-million-prior-authorization-requests-were-sent-to-medicare-advantage-insurers-in-2023/>

<sup>6</sup> Oseran, A. S., Sun, T., Aggarwal, R., Kyalwazi, A., Yeh, R. W., & Wadhwa, R. K. Association between Medicare program type and health care access, acute care utilization, and affordability among adults with cardiovascular disease. *Circulation: Cardiovascular Quality and Outcomes*, 15(9), e008762. September 2022. <https://doi.org/10.1161/CIRCOUTCOMES.121.008762>

<sup>7</sup> American Medical Association. Prior authorization physician survey and progress report. July 2025. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

<sup>8</sup> Ibid.

results in patients needing an average of 1.4 additional medical appointments, creating further barriers to care and placing added strain on an already burdened healthcare system.<sup>9</sup> By forcing patients to try less-effective treatments first, step therapy can result in unmanaged symptoms, delays in meeting guideline-directed treatment goals, preventable disease progression, and erosion of the patient-provider relationship due to confusion and frustration over restricted access to recommended therapies. These delays are especially dangerous for individuals with cardiovascular conditions, who face heightened risks of serious health complications when their disease is unmanaged, inconsistently treated and poorly controlled. Ultimately, such disruptions often lead to higher healthcare utilization—including additional office visits, emergency care, and hospitalizations—and increased out-of-pocket costs for patients and the U.S. healthcare system.<sup>10</sup>

### **Administrative Burdens are Contributing to Workforce Burnout and Shortages**

Administrative requirements associated with UM compliance are a major contributor to clinician dissatisfaction and escalating staffing expenses.<sup>11</sup> On average, physician practices complete 39 PA requests *per physician* per week, requiring approximately 13 hours of non-patient-facing-administrative time weekly.<sup>12</sup> Moreover, as increased formulary restrictions are imposed by MA plans, the need for PA to achieve patient treatment goals will undoubtedly increase as well. To keep up with the administrative workload and care demands, some healthcare practices and systems have resorted to hiring dedicated staff to handle PA requests. In settings that cannot afford this, the burden falls directly on providers or existing office staff. In all cases, these administrative requirements consume significant time and attention, both during and outside of clinical hours.<sup>13</sup> Additionally, PA requests are often reviewed by individuals or artificial intelligence tools used by MA plans that lack the clinical expertise of the treating physician. This often leads to inappropriate denials, undermines clinical judgment, and causes unnecessary care delays, further compounding frustration and stress for both providers and patients.

Furthermore, current UM practices used by MA plans divert valuable time and resources away from patient care and contribute to burnout and financial pressure facing health systems, particularly in small and mid-sized practices that serve rural and underserved communities. As the U.S. faces a mounting healthcare workforce shortage—including a projected shortfall of nearly 9,000 cardiologists—it is essential to reduce administrative

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<sup>9</sup> Marquez-Grap, G., Pham, D. L., Leung, A., Leeolou, M. C., Kranyak, A., & Liao, W. The impact of step therapy on individuals with psoriatic disease in the USA: Patient and provider perspectives. *Dermatology and Therapy (Heidelberg)*, 15(7), 1599–1606. May 2025. <https://doi.org/10.1007/s13555-025-01430-1>

<sup>10</sup> American Medical Association. Prior authorization physician survey and progress report.

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

burden and ensure clinicians can focus on what they do best: delivering high-quality, timely care for those in need.<sup>14</sup>

### **Delayed Access to Care Under MA Increases the Burden of Heart Disease**

CVD is the leading cause of death in the U.S. for men, women, and people of most racial and ethnic groups.<sup>15</sup> Each year, approximately 695,000 Americans die from heart disease—accounting for one in every five deaths, or roughly one person every 33 seconds.<sup>16</sup> Studies estimates that CVD costs the U.S. healthcare \$219 billion annually, including \$147 billion in lost productivity.<sup>17</sup> By 2050, these costs are projected to reach approximately \$2 trillion.<sup>18</sup> Cardiac events and strokes are closely linked, with strokes accounting for one in six deaths caused by CVD.<sup>19</sup> Between 2019 and 2020, stroke-related healthcare costs alone totaled nearly \$56.2 billion.<sup>20</sup> Given these staggering figures, UM policies that delay preventive care and treatment not only worsen patient outcomes but also unnecessarily increase healthcare spending. As Congress considers reforms to MA, it is imperative to prioritize early intervention, robust chronic disease management, and expanded access to medically necessary care to save lives and reduce costs.

### **Support Legislation That Seeks to Expand and Expedite Access to Care Under MA**

The Association of Black Cardiologists strongly supports the Improving Seniors’ Timely Access to Care Act (S.1816/H.R.3514)—a bipartisan, bicameral proposal to modernize the use of PA in MA—and urges its enactment in the 119<sup>th</sup> Congress. The bill would establish an electronic, standardized, and more transparent PA process and help facilitate timely decision-making for PA requests under MA to avoid care delays. ABC also encourages the introduction and advancement of additional reforms to limit the scope and impact of UM practices—particularly for individuals with chronic conditions like CVD— such as limiting step therapy protocols.

Thank you for your leadership and commitment to improving the MA program for beneficiaries and their healthcare providers. ABC stands ready to work with the

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<sup>14</sup> Health Resources & Services Administration. Health Workforce Projections. U.S. Department of Health and Human Services. November 2024. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

<sup>15</sup> Heart Disease Facts. Centers for Disease Control and Prevention. [https://www.cdc.gov/heart-disease/data-research/facts-stats/?CDC\\_AAref\\_Val=https://www.cdc.gov/heartdisease/facts.htm](https://www.cdc.gov/heart-disease/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/heartdisease/facts.htm)

<sup>16</sup> Ibid.

<sup>17</sup> Fast Facts: Health and Economic Costs of Chronic Conditions. [https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html#cdcreference\\_4](https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html#cdcreference_4)

<sup>18</sup> Ibid.

<sup>19</sup> Stroke Facts. Heart Disease Facts. Centers for Disease Control and Prevention. <https://www.cdc.gov/stroke/data-research/facts-stats/index.html>

<sup>20</sup> Ibid.

Subcommittees and the full Committee to ensure that the MA program delivers on its promise of timely, high-quality, and equitable care for millions of Americans—including those living with CVD—and on supporting the long-term sustainability of a strong, well-trained clinical workforce.