American Society of Echocardiography

FIX PRIOR AUTHORIZATION
SUPPORT THE IMPROVING SENIORS' TIMELY ACCESS TO CARE ACT (S. 1816 / H.R. 3514)
PHONE AND EMAIL SCRIPTS

SUBJECT:
Support the Improving Seniors' Timely Access to Care Act (S. 1816 / H.R. 3514)

EMAIL BODY:

Dear [Senator/Representative Last Name],
My name is [Your Name], and I am a [echocardiographer/ physician/ sonographer] at [Institution] in [City, State]. As your constituent, I urge you to cosponsor and support the Improving Seniors' Timely Access to Care Act (S. 1816 / H.R. 3514) to streamline and modernize prior authorization in the Medicare Advantage program.

Prior authorization requires physicians to obtain pre-approval from insurers before providing medically necessary care, and it is the number one administrative burden facing physicians today. Physicians and their staff spend the equivalent of two or more business days each week negotiating with insurance companies, time that would be better spent caring for patients. The HHS Office of Inspector General has found that Medicare Advantage plans inappropriately deny medically necessary care that meets traditional Medicare coverage requirements and is supported by patient medical records.

The consequences for patients are serious. In the AMA's 2025 survey of 1,000 physicians, 95% reported that prior authorization delays patient care, 92% said it harms clinical outcomes, and more than 1 in 4 said it has caused a serious adverse event for a patient. With roughly 40 prior authorizations per physician each week, 94% also report worsened burnout, driving many physicians to retire early or leave medicine.

Echocardiography is directly affected. More than 83% of specialty physicians report that prior authorization has increased for diagnostic tools, including basic imaging. These tests are essential for diagnosing and managing heart disease in older and high-risk patients, and unnecessary delays lead to avoidable emergency visits and hospitalizations that harm patients and raise costs in our community.

The Improving Seniors' Timely Access to Care Act would establish an electronic prior authorization process for Medicare Advantage plans, increase transparency around prior authorization requirements and their use, clarify CMS authority to set decision timeframes including expedited determinations and real-time decisions for routinely approved items and services, expand beneficiary protections, and require reporting to Congress on ways to further improve the process.

This is a commonsense, bipartisan reform with a preliminary zero-cost score from the Congressional Budget Office, the support of more than 300 organizations, and cosponsorship by more than two-thirds of the House and Senate. The Ways and Means Committee favorably reported the bill, as amended, by a unanimous 42-0 vote, following favorable action by the Energy and Commerce Health Subcommittee, and momentum is building for passage this Congress.

I respectfully ask that you cosponsor and support the Improving Seniors' Timely Access to Care Act (S. 1816 / H.R. 3514) and work with your colleagues to advance it so that medical decisions remain between patients and their doctors, and Medicare beneficiaries receive timely access to the care they need.

Thank you for your consideration and for your service.

Sincerely,