

November 4, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Oz,

On behalf of the undersigned state medical associations, we write to raise concerns about the prior authorization (PA) pilot under the WISeR model as it relates to Medicare. While our organizations appreciate the aim of the Centers for Medicare and Medicaid Services (CMS) to increase accountability, value in healthcare delivery for Medicare beneficiaries, and reduce spending on services deemed low-value or wasteful, we believe the current design of this pilot risks unintended consequences including delayed care, reduced access, and increased burdens on both patients and physicians.

Moreover, we are deeply concerned by both the lack of operational details released to date and the pace at which CMS is advancing a program of this magnitude, particularly one that shifts critical decisions away from physicians and patients – without sufficient transparency, stakeholder input, or evidence it will improve patient care.

Administrative burden placing barriers to patient access

Our organizations are concerned that the WISeR Model expands the burdensome PA processes that physicians already experience in Medicare Advantage (MA) and the commercial insurance markets into Traditional Medicare. The demonstration represents significant departures from current standards and seems to conflict with CMS' recent, highly laudable achievement of securing a commitment from the health insurance industry to fix the broken PA process¹, to include reducing the overall volume of PA requirements.

PA has consistently been identified by physicians as one of the most burdensome and disruptive administrative requirements they face in providing quality care to patients. In a 2024 American Medical Association survey², 93 percent of physicians reported that PA causes care delays, 82 percent indicated that the process can lead to treatment abandonment, and an alarming 29 percent said that PA had led to a serious adverse event (hospitalization, disability, or even death) for a patient in their care.

Beyond the risk for patient harm, expansion of PA requirements under the WISeR model will exacerbate the administrative burdens already associated with PA. Surveyed physicians reported major burdens associated with this process, with practices completing an average of 39 PAs per physician, per week. This significant workload requires practices to hire additional personnel, with 40 percent of the surveyed physicians reporting that their practice employs staff who work exclusively on PA. Growing evidence linking practice burdens to professional burnout for physicians and other health care professionals underscores the importance of addressing administrative workloads.

The introduction of such PA protocols in Traditional Medicare also risks creating unnecessary delays in patient care, increasing practice expenses, and diverting time and resources away from direct patient care.

¹ <https://www.hhs.gov/press-room/kennedy-oz-cms-secure-healthcare-industry-pledge-to-fix-prior-authorization-system.html>

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

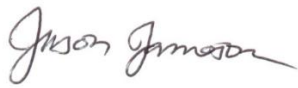
Artificial Intelligence and Machine Learning

Our organizations recognize that CMS intends to use artificial intelligence and machine learning tools in the WISeR Model to help identify potentially unnecessary services more efficiently and consistently than manual reviews alone. We appreciate that technological advances can appropriately create efficiencies when applied responsibly and transparently. However, reliance on AI and other automated tools raise significant risks if not governed properly.

We are also concerned that the vendor incentive structure within the WISeR Model could result in excessive denials motivated more by the potential for vendor profit than by fair and balanced clinical judgment. When third-party entities are paid based on the volume of denied services, there is a clear risk that care that is medically necessary for certain patients will be inappropriately denied in pursuit of savings.

Physicians are committed to delivering high-quality, evidence-based care to Medicare beneficiaries. However, the prior authorization pilot risks creating barriers to care, undermining patient outcomes, and imposing unsustainable administrative demands on practices. We respectfully urge CMS to cease implementation and work collaboratively with stakeholders to design payment processes that protect the Medicare Trust Fund while achieving value, without jeopardizing patient access.

Sincerely,



James Jameson, MD
President
Arizona State Medical Association



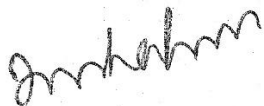
Peter Blumenthal, MD
President
Medical Society of New Jersey



John Bastulli, MD, FASA
President
Ohio State Medical Association



Sumit Nanda, MD
President
Oklahoma State Medical Association



Jayesh "Jay" Shah, MD
President
Texas Medical Association



Bridget Bush, MD, FASA
President
Washington State Medical Association